McGill *in* Focus

NURSING

AUTUMN 2010

Building on Strengths

IN THIS ISSUE

2 A Word From the Director

4 A Word From the Alumnae President

4 Letter to the Editor

5 **School Successes**

Full accreditation for undergrad programs

A novel critical care experience for undergrads

International connections

The School's new learning lab

Colleagueship events

11 **Building on Research Strengths**

Nursing innovation at the MUHC

Bridging the research-practice gap at the Jewish General Hospital

14 **Celebrating People**

Celeste Johnston

Elizabeth Logan

Norma Ponzoni

Outstanding students, faculty, staff, alumnae

21 **Alumnae News**

Recollections from the 1970s

Psychogeriatric nursing in the community

We have heard from...

In memoriam

AN ANNUAL PUBLICATION FOR THE McGILL SCHOOL OF NURSING ALUMNAE COMMUNITY

McGill School of Nursing
Autumn 2010

Editorial Committee
Hélène Ezer, N, PhD
Margie Gabriel, BA

Editing
Jane Broderick

Design & Layout
Cait Beattie

Photo Retouch
Jean Louis Martin

Contributors
Ora Alberton, N, MScA
Grace Bavington, BN
Rachel Boissonneault, N, BScN
Stephanie Bouris, BSc
Madeleine Buck, N, MScA
Franco A. Carnevale, N, PhD
Cindy Dalton, N, MScA
Elaine Doucette, N, MSc
Françoise Filion, N, MScN
Susan E. French, N, PhD
Margie Gabriel, BA
Anita Gagnon, N, PhD
Sandie Larouche, N, MScA
Ryan Lomenda, BSc
Alison Mockler, MScA
Patricia O'Connor, N, MScA, CHE, FCCHSE
Margaret Purden, N, PhD
Janet Rennick, N, PhD
Judith A. Ritchie, N, PhD
Anna Taylor, BN
And a host of alumnae

Special thanks to Owen Egan for the cover photo and to Dallas Currow for the photo on page 3

©2010 McGill University
Faculty of Medicine
School of Nursing

Cover photo:
Nurse Practitioners in training

A Word From the Director

Hélène Ezer

Every academic year brings a unique set of challenges and, happily, a unique list of accomplishments. The year 2009–10 was no exception. A number of major activities and events took place at the School of Nursing that reflect not only the achievements of individuals but also the accomplishments of people working together to bring about change. It is time to celebrate our successes and to acknowledge the dedication and commitment of all those who have made them possible.

Three outstanding events reflect our collective success. I invite you to read about individuals who have been recognized by McGill and by provincial and national organizations. I hope you will appreciate the efforts that everyone — students, faculty and administrative staff alike — invests in making the School a very special place. Just as important, I hope you will share in the pleasure and excitement associated with these accomplishments.

In December 2009 the faculty entered the second phase of a self-study and strategic planning exercise that began in June 2008. We took a good, hard look at our strengths, the areas in which we were vulnerable and where we needed to go in the context of current issues in health care. The result was a reaffirmation of our commitment to the importance to nursing of individual and family development, of building and mobilizing strengths, and of collaboration. We committed to maintaining the excellence and variety of our programs and to addressing health-care issues locally and nationally as well as in an international context. Despite the limitations on resources of all kinds in today's world, we took a bold move and set an ambitious goal for the next five years: securing the resources necessary to sustain our programs and the continued growth of the School.

On the December day that the strategic planning exercise was brought to a close, we returned to Wilson Hall to find the basement flooded and the learning lab effectively disabled. Crisis became opportunity. With the logistical and financial support of the University and the Faculty of Medicine, the School was able to acquire Convocation Hall in the University Hall residence, across the street from Wilson Hall, and to have the large, open space reconfigured into a new learning laboratory. With infrastructure monies from the provincial government and a donation from Abbott Laboratories, we purchased electric beds, materials for physical assessment, cameras, computers, and projection equipment for basic skills training and for teaching students at all levels of practice. A separate area equipped for video-conferencing will also be used to facilitate teaching and learning at the School. Construction began in March and the new Nursing Learning Laboratory opened for business two months later, in May 2010 — just in time for evaluation as part of the accreditation process!

A Word From the Director

Hélène Ezer

The week-long visit of the site reviewers from the Bureau of Accreditation of the Canadian Association of Schools of Nursing (CASN) began on March 22. Both the BScN and BNI programs, as well as the educational unit (the School itself), were reviewed on a wide spectrum of elements. The site reviewers examined course materials, sat in on classes, observed students in the different clinical settings, spoke with teachers and employers of graduates, and interviewed a broad range of people at the University. The feedback provided by students, the engagement of our clinical faculty and the commitment of the McGill Nursing Network were seen as exemplary by the site reviewers. In July the School received notification of unconditional accreditation until March 2017 — a full seven years.

These developments were followed in July by the announcement by the provincial government of its plan to support the cost of master's education for Nurse Practitioners in Quebec, to provide large bursaries for nurses who enrol in NP master's programs and to fund 500 new NP positions in primary care over the next five years. This represents a major achievement for all the university schools in Quebec, which had enlisted the support of the deans of medicine, the heads of family medicine departments, the Ordre des Infirmières et Infirmiers du Québec (OIIQ), and the ministries of health and education to make the intensive but important NP programs a reality in the province. The announcement comes at a time when nursing has matured as a profession and when we have at our disposal an extensive nursing knowledge base, which will allow these practitioners to make a substantive difference to the health care of patients and families.

We also have had a year of recognition for individual faculty members, administrative staff and students. Awards for service to the nursing community were bestowed on several outstanding faculty members. Madeleine Buck received the CASN Ethel Johns Award for distinguished service to nursing education, Laurie Gottlieb was awarded the prestigious Order of Merit from the OIIQ, Lynne McVey was awarded the OIIQ Prix Florence for Leadership, and Judith Ritchie received the Canadian Health Services Research Foundation's Excellence Through Evidence award for leadership in promoting the use of evidence to enhance the quality of patient care. We were especially pleased that two members of our senior administrative staff were recognized. Margie Gabriel received the Faculty of Medicine Anne McCormick Award for her exceptional dedication and outstanding contribution to the workplace, and Anna Santandrea received the Award for Excellence in Service to Graduate Students.

This issue of *In Focus* includes many other success stories told by our students and alumnae, as they too raise the profile of McGill Nursing, by bringing about changes that improve student life and make a difference in the lives of others. I encourage you to read on. You are sure to enjoy the numerous articles in the pages that follow and the pictures that help us to tell the tale.

Faculty members attend a workshop on teaching and the learning environment. Those facing the camera are *(left to right):* Antonia Arnaert, Jodi Tuck, Shari Gagné, Fred Nestel, Catherine Gros, Margaret Purden and Linda McHarg.

A Word From the Alumnae President

Rachel Boissonneault

The underlying theme for this issue of *In Focus* strikes me as very inspiring: Building on Strengths implies that there is already good work being done. And we at the School of Nursing Alumnae Association have surely worked on leveraging one of McGill's greatest strengths, its network. This great web of people is made up of past and current students as well as dedicated staff, the academic community and friends of McGill.

This year we built on strengths by organizing the Speed Nursing event in February. Convivial and spilling over with wonderful food, Speed Nursing offered graduating students the opportunity to meet more than a dozen alumnae who have been working in different fields of endeavour. The goal was for the new graduates to broaden their horizons, discover career possibilities they might not have considered and ask as many questions as they wanted! The event was an unqualified success from the perspective of both the students and the alumnae who attended. Speed Nursing will be repeated next year — in other words, we will be building on this success!

I firmly believe that the School of Nursing has many strengths, most of them residing in its people. For us to support exceptional education for future nurses, we need simply to tap into those assets creatively. This is what the Alumnae Association has sought to do over the years, by offering a wide variety of opportunities for alumnae to connect with each other and contribute to the growth of the School. Our part of the equation, as individual alumnae, is to be present for our alma mater. I therefore invite you to contact us with your ideas and to contribute some time, so the School can continue to provide quality nursing education, to be a springboard to exceptional careers and to be a place to celebrate the successes of a unique profession.

I will conclude by announcing that I have stepped down as president of the School of Nursing Alumnae Association. My successor, Johnny Sit, an invaluable contributor to the Association over the past several years, is certain to do a wonderful job in providing many occasions for us to meet and share. You can contact him at alumni.nursing@mcgill.ca.

See you around!

Letter to the Editor

I am writing to congratulate you on the wonderful article about Evelyn Malowany published in the Autumn 2009 edition of *In Focus* . . . I found it to be one of the most poignant descriptions of her work I have had the pleasure of reading. Laurie Gottlieb managed to capture the essence of Evelyn, including the philosophical underpinnings of her approach to nursing leadership, which was truly remarkable. Quotations from some of those who worked with her at the Children's — including Valerie Shannon and Celeste Johnston — are both moving and inspiring.

Janet Rennick

Each of us who has had the privilege of working with Evelyn will have our own memories of her, and how she influenced us — not only in our career trajectories but in our thinking about the profession. She worked with a clear vision, a strong sense of conviction in her work, and a tremendous capacity to encourage those around her to "go for it" and to push the boundaries. It was exciting to be part of her leadership group, and I feel extremely privileged to have had the honour of working with her.

Thank you for providing us with the opportunity to reflect, and congratulations to Marisa Robert and Caroline Hébert — the first McGill nursing students to receive the E. Rocque Malowany Prize in Nursing . . . What a lovely tribute!

Janet Rennick, PhD '99

The School's Undergraduate Programs Obtain Full Accreditation

Madeleine Buck
Assistant Professor
Director, BScN Program

While accreditation of baccalaureate nursing programs by the Canadian Association of Schools of Nursing (CASN) remains voluntary, the McGill School of Nursing has valued the process of accreditation since its inception in the late 1980s and was one of the first to undergo and receive accreditation, in 1990. We are proud to have maintained accredited status since that time! To this day, 26 of Canada's 94 schools offering baccalaureate degrees in nursing are not accredited.

Following an accreditation site visit in 2003 and an impending end-date for accredited status in 2010, the School and our two undergraduate programs underwent an intensive review the week of March 22–26, 2010. The CASN accreditation process involved an assessment of how well the School meets a range of standards for the educational unit and the two undergraduate programs. Standards related to the educational unit include indicators of leadership, partnerships, resources, information management systems, the environment and scholarship. Those related to the educational program include indicators of the curriculum and program framework, knowledge-based practice, professional growth and program evaluation. Each standard has multiple "key elements" for which evidence must be provided to indicate that the standard is being met.

Students, Nursing Undergraduate Society leaders, graduates, faculty, university officials, support staff, stakeholders (for example, the Ordre des Infirmières et Infirmiers du Québec) and employers all contributed to the evidence in preparing the volumes of material required. Hélène Ezer, Marcia Beaulieu and I pulled the material together into the self-study document. Margie Gabriel and Marie-Lee Hendrykowski provided immense administrative support in collating the numerous documents and ensuring that the range of templates was completed accordingly.

Following the week-long site visit, a report was presented to the School so that we could respond to any inaccuracies or any need for clarification before it was submitted to the CASN Bureau of Accreditation for a final decision.

It was with immense pride and pleasure that we learned, in July, of the Bureau of Accreditation's decision to grant the School and our BScN and BN programs full seven-year accreditation, until 2017! We have been asked to monitor our human and financial resources as well as to continue monitoring our program outcomes to ensure that standards of excellence are being met.

We extend a sincere thank you to all who participated in this process and look forward to our ongoing work in ensuring that our programs remain of the highest quality.

Madeleine Buck *(left)* and Marcia Beaulieu, directors of the BScN and BNI programs, respectively

Nursing accreditation has deep roots at McGill University

Elizabeth Logan, School of Nursing acting director in 1963–64 and director from 1964 to 1973, was president of the Canadian Association of University Schools of Nursing (CAUSN*) in 1972 when it became the first accrediting body for university nursing programs in Canada. Between 1972 and 1983, an accreditation committee tested proposed criteria, identified and tested indicators of the criteria, and tested data-collection instruments and review processes. Five universities served as "pilot" institutions: the University of Calgary, Dalhousie, Lakehead, McGill and St. Francis Xavier.

Core members of CAUSN's accreditation committee with McGill connections included Susan E. French (BN '65; director, 2001–05), committee chair, 1973–86 (representing Ontario CAUSN); F. Moyra Allen (BN '48; acting director, 1982–83); Carolyn Pepler (acting director, 2001) (representing Atlantic CAUSN); and Peggy Anne Field (BN '64) (representing Western CAUSN). Indeed, Moyra Allen's seminal publication *Evaluation of Educational Programmes in Nursing* (1977), outlining how nursing programs must be relevant and accountable, continues to shape nursing accreditation today.

* CAUSN became CASN in 2002.

Susan E. French provided names and dates for the above based on a review of minutes of accreditation committee meetings from 1972 to 1985.

Critical Care: A Novel Learning Experience for Nursing Undergraduates

Elaine Doucette
Faculty Lecturer

In 2007 I had the privilege and honour of joining the full-time faculty of the School of Nursing. After 25 years of nursing practice in cardiovascular and critical care environments, in a variety of educational, leadership and clinician roles, I wondered how I might inspire some of the very bright minds in my classroom to embark on a pathway that had inspired and sustained me for so many years.

Critical care units have not traditionally been used as training grounds for nursing students. However, the literature demonstrates strong support for placing students in this environment during the early stages of their clinical education, and increased enrolment at McGill provided an opportunity to do just that. In the fall of 2008 a dozen students in the second year of the BScN program were placed in three of the intensive care units located at the McGill University Health Centre.

To say that the outcome was a success would be an understatement. The students were energized by all the possibilities that the future might hold for them. How could I make this situation even better? The answer came in the mail when I received a new issue of the journal *Dynamics* with a call for abstracts for the national conference of the Canadian Association of Critical Care Nurses, to be held in Fredericton, New Brunswick, in the fall of 2009. I challenged the students to present with me at the conference and to come up with topics that reflected their learning experiences. Ten of the 12 accepted the challenge and together we submitted two abstracts: "Full Disclosure of Adverse Events in the ICU: Wouldn't You Want to Know?" and "The ICU as an Untapped Resource for

Above: **Elaine Doucette at the podium**

Below: **Elaine Doucette with student presenters and consultants/contributors.** ***Front row (left to right):*** **Christina Malcius, Bea Kristine Canapi, Jocelyne St. Laurent (Royal Victoria Hospital), Jaclyn Mills, Marcel Lamontagne (Royal Victoria Hospital), Sarina Fazio, Isabelle Imamedjian, and Patricia Rose (McGill University Health Centre).** ***Back row:*** **Taunia Rifai Archer, Jessica DiNardo, Elaine Doucette, Allison Davies, Danielle Brandys and Vanessa LaSalle**

Learning: A Student Perspective." Six weeks later we received acceptance for two 30-minute presentations. The hard work was about to begin, as we started preparing for a conference that would attract critical care nurses from across the country.

Transporting 10 students to Fredericton called for significant funding. A variety of fundraising activities were held: blood pressure clinics, CPR blitzes on campus, an exclusive evening at a Crescent Street pub. Generous support from the School of Nursing Alma Mater Fund, individual faculty members, our MUHC partners, friends, family members and colleagues also ensured that each and every one of us would get to the conference.

"We knew we were the first undergraduate nursing students to present at the conference, and I believe our ultimate goal was to act at a level that would inspire members to believe in students and look at the perspective and insight we could bring to the table." – Sarina Fazio

"We all worked on the presentation throughout the summer months, and communicated via e-mail when we were not in town, and even though we had shared classes and clinical together, this experience helped us grow closer as colleagues and friends." – Jaclyn Mills

"We learned the importance of good communication skills, flexibility in decision-making, working with team members' strengths, and having solid research and referencing skills." – Christina Malcius

"I feel that we all left the conference eager and excited to start our careers as nurses, and honoured to be a part of the nursing family." – Danielle Brandys

I couldn't have said it any better. We all left the conference on a high. The students were the stars of the event! And now both presentations have been submitted for publication; one has been accepted and the other is under review.

As I reflect on this experience, and how fortunate I am to have journeyed with my future colleagues, I realize that the future of our profession is safe and will be navigated by leaders who are energetic and open-minded and who can "think outside the box" in facing whatever health-care challenges may lie ahead.

Hats off to the students who invested so much and so well. They are Danielle Brandys, Bea Kristine Canapi, Allison Davies, Jessica DiNardo, Sarina Fazio, Isabelle Imamedjian, Vanessa LaSalle, Christina Malcius, Jaclyn Mills and Taunia Rifai Archer.

We would like to acknowledge the contributions of the following clinicians and educators who gave their time and expertise: Julie Kinnon, ICU Nurse Educator, Montreal General Hospital; Marcel Lamontagne, ICU Nurse Educator, Royal Victoria Hospital; Sarah Shea, Pediatric ICU Nurse, Montreal Children's Hospital; and Jocelyne St. Laurent, ICU Nurse Manager, Royal Victoria Hospital.

International Connections at the School of Nursing

Stephanie Bouris
Research Manager

Anita Gagnon
Associate Professor

It is becoming increasingly clear that Canada's demographic portrait is growing more multicultural, which suggests that our health-care system must become responsive to a more culturally diverse clientele. In addition, we are all travelling more and working and interacting more with communities near and far.

Some of the ways in which the School of Nursing has sought to address and strengthen international connections is by welcoming visiting scholars, founding McGill Nurses for Highlands Hope and establishing the graduate Global Health Studies (GHS) section of the master's program. Critical to the success of these international connections is building strong partnerships and celebrating the successful training of future generations of clinicians, researchers and policy-makers to become leaders in response to evolving health concerns.[1]

MScA student Jason Hickey in Thailand for his Global Health project

Above: **Lauren Curtis, BScN U3, in Ghana for her Ambassador Program NUR1 530 clinical internship**

Below: **Susan E. French helps to plant a banana tree in Bangladesh — the ceremony was held in honour of her visit.**

Whether it be receiving a visitor to the School from China,[2] exploring the needs of home care recipients in Tanzania, researching barriers to and facilitators of access to reproductive health care for migrants in Uganda, or implementing pandemic flu preparedness research in Thailand, the academic experiences of faculty and students are being enriched through international connections. Nursing scholars are now able to study, work and conduct research in diverse settings. For example, new alumnae Véronique "Nicki" Fraser and Amy Low have gained first-hand community health experience under the supervision of Madeleine Buck and Betty Liduke through the McGill Nurses for Highlands Hope project in Tanzania, and Jessica Sherman has worked with a Canadian Aboriginal community under the supervision of Franco Carnevale and Mary Ellen Macdonald at the Rapid Lake Health Clinic in Abitibi, Quebec.

The newest GHS stream focuses on migrant health, building on the experiences of the International Organization for Migration (IOM), a United Nations-affiliated agency based in Geneva and operating in over a hundred countries. This partnership was confirmed after months of deep reflection and systematic evaluation of possible partners by the School. More than fifty organizations were initially identified, based on criteria developed to assess partnership potential. The criteria included having an active research program, having experience in developing and implementing educational initiatives, offering opportunities for students to gain direct clinical care experience, operating in a source region for migrants to Canada, and working in migration and reproductive health. School of Nursing master's students Jason Hickey and Isabelle St. Cyr were the first to complete global health placements with the IOM, in Thailand and Uganda, respectively.

Coinciding with this curriculum expansion are the research activities of ROAM (Reproductive Outcomes and Migration: An International Research Collaboration). ROAM has 33 members from 13 countries, including the chair of the GHS section at McGill, working to reduce non-optimal differences in the reproductive health outcomes of migrant women and infants. Its research activities offer students in the GHS section further opportunities to become involved in migrant health research.

To learn more about GHS, contact Jodi Tuck, co-chair of the Global Health Committee (globalhealth.nursing@mcgill.ca).

Our best wishes go to Shannon Carter, Kristin Gagnon, Heather Kooiman, Ryan Lomenda, Olivia Lu and Isabelle Vaillancourt, all of whom departed for clinical placements this fall.

---

[1] See Jason Hickey, Anita Gagnon and Lisa Merry. "Partnering With Migrant Friendly Organizations: A Case Example From a Canadian School of Nursing." *Nurse Education Today, 30* (1), 2010, 67–72.

[2] For instance, Jing (Kathy) Wu and Jie (Celia) Cao in 2009, Wan Peng and Han Wenjun in spring 2010, and Mingli Zhao in fall 2010.

Jeff Devlin of Abbott Laboratories with the School's director, Hélène Ezer *(far right)*, and NP Primary Care students Su Ling Wong, Yannick Mélancon-Laître, Kristel Constance and Carolyn Brown

The School's New Nursing Learning Laboratory

Sandie Larouche
Faculty Lecturer

The School of Nursing's new learning laboratory was officially opened in June 2010.

The learning lab is situated in the University Hall building, which was formerly the Diocesan College. The space has been expanded to more than two thousand square feet and consists of two sections that can accommodate up to 30 students at a time. The area is bright and has an open-concept design, which is highly conducive to learning.

One of the structural highlights of this location is the fusion of traditional architecture and futuristic high-tech computer and audiovisual equipment.

The Nursing Learning Laboratory is a multifunctional teaching facility that allows students across the nursing program to practise their skills in both a supervised and an autonomous setting.

The main section consists of 10 stations replicating fully equipped hospital rooms. It also features computers so that students can rapidly access information and research topics of interest.

The other section is a state-of-the-art videoconference facility that allows students who are not at the McGill site to have simultaneous access to nursing educational materials. This technology has the potential to enhance collaboration among nursing faculties and affiliated institutions with respect to teaching, practice and research initiatives. It will ultimately improve the quality of care that we provide for patients and their families.

The learning lab is complementary to the Medical Simulation Centre, where our students have the opportunity to perform in OSCEs (Objective Structured Clinical Examinations) with standardized patients and to learn using high-fidelity simulation scenarios.

These new facilities have been made possible in part by a generous contribution from Abbott Laboratories.

The new Nursing Learning Laboratory under construction *(left)* and upon completion

Student Colleagueship

Ryan Lomenda, Alison Mockler
Colleagueship Co-presidents, 2009–10

This past year marked a turning point in the history of student government at the master's level at the School of Nursing. As a result of one of the Colleagueship's largest-ever councils (10 representatives), the mandate of this historically rich student group was expanded to meet the diverse needs of an increasingly active student body. Playing off the talents of our individual council members, the Colleagueship was able to provide a cohesive agenda for the year that set two never-before-considered goals: community-building within the School and beyond, and advocacy for marginalized populations.

Traditionally, the Colleagueship has had a two-pronged mandate: supporting social integration and the transition to graduate studies, and promoting the professional development of students. To these ends, the Colleagueship organizes several social and academic events each year. On the social level, it maintains ties with students via e-mail and by providing a comfortable gathering place (dubbed the Research Unit) for nursing students. On the academic level, the Colleagueship has typically played a public relations role on behalf of master's students through participation in campus-wide events such as McGill Open House, publications such as *The Heart/Le Coeur* and *In Focus,* and sponsorship of students attending conferences and symposiums.

We started off the year by fulfilling the Colleagueship's two traditional roles. In late August we participated in Orientation Day and also worked closely with Anna Santandrea and Dr. Franco Carnevale to describe the journey upon which the new Qualifying Year students were about to embark. September was filled with other events that helped to promote integration into the program: a used book sale, a stethoscope sale courtesy of Dufort & Lavigne Ltd., a welcome-back party at Casa Grecque and a facelift for the Research Unit.

The following months were dedicated to strengthening ties with the McGill community, which included establishing a relationship with the Post-Graduate Student Society (PGSS) and the Nursing Undergraduate Society (NUS). This sparked our desire to overhaul the internal structure of the Colleagueship, and so began the long process of writing a constitution in order to become an officially recognized PGSS association. We also made a link with some Social Work graduate students who recently formed their own association. The Colleagueship will be collaborating with both of these groups and the NUS on social events, with the goal of enhancing the community feeling at Wilson Hall.

During the fall and continuing into the winter, we began to carve out an advocacy role for the Colleagueship with the creation of the Colleagueship Speakers Series.

2009–10 Colleagueship co-presidents Alison Mockler *(left)* and Ryan Lomenda

The first event in this series was a panel discussion called Healthcare on the Fringe. The panel was made up of Jacques Fallu, a nurse who works with people living with AIDS and substance addictions on the streets; Nora Butler Burke, Program Director for Cactus Montreal's ASTTeQ, which is dedicated to the needs of trans-identified Montrealers; and Santiago Garcia Rejon, Director of Benedict Labre House, a shelter for homeless men. This event packed the Wendy Patrick room from wall to wall, perhaps reflecting a desire among health-care workers and students to bring the needs of marginalized populations to the forefront of their practice. The Colleagueship followed up with a half-day Transgender Health Workshop with Nora Butler Burke, which delved into the needs of a demographic that experiences discrimination, both overt and systemic, on a daily basis. The last event in the series was a talk by Denise Danna, an American nursing leader, who spoke about the field of Disaster Nursing in the context of the tremendous toll Hurricane Katrina exacted on the sick and underprivileged in New Orleans. This event, organized in collaboration with McGill Nurses for Global Health, was rather timely: It took place in January shortly after the tragic earthquake in Haiti.

After a short winter break, the Colleagueship eagerly threw itself into the second semester with a wine and cheese party to celebrate both the successes of the previous semester and the unyielding dedication of the School's administrative staff. The semester ended with the McGill nursing apparel sale, a blowout party for the class of '10 and the nomination of next year's Colleagueship leaders: Natasha Dupuis, Oxana Kampoustina and Andrea Wilmot. We are sure that these three leaders and the other Colleagueship volunteers will have a fabulous year and will continue to expand on the new direction cast in 2009–10. Thank you to those who supported our council and best of luck to all in this new academic year!

The Colleagueship reps for 2009–10 were Sari Belzycki, Shoshana Breiner, Stephanie Fink, Oxana Kampoustina, Brigit O'Brien, Anya Taller, Andrea Wilmot and Melanie Zwetkow.

Nursing Innovation at the MUHC

Patricia O'Connor

Director of Nursing and Chief Nursing Officer, McGill University Health Centre

Assistant Professor (part-time), McGill School of Nursing

Judith A. Ritchie

Associate Director for Nursing Research, McGill University Health Centre

Professor (part-time), McGill School of Nursing

Building on our impressive record of research and evidence-based practice and academic nursing, the McGill University Health Centre is establishing new structures for innovation in nursing.

Centre for Nursing Research. Through innovative research, knowledge translation strategies, and integration of undergraduate, graduate and continuing education, the Centre for Nursing Research will link theory, research, and clinical and administrative decision-making to improve patient care and nurses' work environments. The Centre is being funded by the Newton Foundation, the Montreal General Hospital Foundation, the Royal Victoria Hospital Foundation, the Research Institute of the MUHC, and the MUHC itself.

A distinct advantage of the Centre will be the linkage of researchers, practitioners, administrators and users of the health-care system in exchanges that will benefit both research and practice. The Centre will increase the interaction between the creation and application of knowledge and will move knowledge into action. Based on the needs of the MUHC's patients and families, and on experience, expertise and critical mass in nursing research within the MUHC, the leadership of the Nursing Department has identified six clusters on which the research programs will focus:

- comfort and healing
- women's health
- nursing services
- chronic illness management
- cancer care
- patient safety

Each cluster will develop interprofessional research teams, but its core will be made up of nurse scientists (100% research time), clinician scientists (50% research time), clinicians and/or administrators, patients and families, students and knowledge brokers. The scientists will develop innovative knowledge translation strategies and incorporate "embedded knowledge translation" approaches into their research. Knowledge brokers will, particularly in the early phases of development, help to ensure the smooth flow of traffic between the "two solitudes" of practice and research. Each cluster will also have infrastructure support, in the form of coordinators, secretaries, research assistants, information managers, an editor, and access to core facilities within the Research Institute of the MUHC for consultation on issues of research design and analysis.

The Centre will promote innovation in linking research activities and evidence-informed decision-making (EIDM) in nursing care and administrative practices. As part of that initiative, it will increase the number of MUHC Nursing Practice Consultants for Research and will provide training and education in EIDM. This focus is a critical link in making EIDM the MUHC's "way of doing business." Central to this focus will be the knowledge brokers, who will provide direct support to interprofessional teams developing organizational capacity within the EIDM process.

The principal objective of the Centre will be to improve the quality of care provided to patients, families and populations (or communities) while optimizing the use of scarce resources. Application of findings from the research programs will enable patients — initially those of the MUHC and the McGill hospital network and eventually all patients — to benefit in a more timely fashion from innovations in nursing care and administration. By collaborating with other nursing research and education initiatives in Montreal and beyond, the Centre will enable the Montreal nursing community to become a world leader in evidence-informed nursing. Because of its unique approach — linking research with clinical and administrative decisions and practices — the Centre will be in a class of its own.

Innovations in Care. Academic nursing is thriving at the MUHC. Innovations include Transforming Care at the Bedside, an initiative launched in 2010 in collabora-

Patricia O'Connor *(left)* and Judith A. Ritchie

tion with the Institute for Healthcare Improvement, which engages the hearts and minds of frontline staff, patients and unit managers in improving care processes. We are committed to understanding the inpatient experience *through the eyes of patients and families (or other personal caregivers)* and to using that "focus" to redesign inpatient care delivery. By fully engaging patients, families and staff in shaping care processes that respond to their real needs, we anticipate improvements in clinical outcomes, safety and quality, nursing and interprofessional teamwork, efficiency, and the work environment. Patients and staff together will develop, test and refine all aspects of inpatient care — for example, admission, care delivery/interventions, information-sharing, communication with all care providers, discharge, and preparation for the return home. Transforming Care at the Bedside will build on our successes over the past six years in dramatically reducing safety risks to patients (pressure ulcers, injuries due to falls, unrelieved pain) using best practice guidelines and other knowledge translation initiatives. Researchers and students from the MUHC and McGill are partnering with patients to evaluate the outcomes of these innovations, funded by the Canadian Institutes of Health Research and the Canadian Health Services Research Foundation.

Our new Lung Cancer Navigation Centre is yet another innovation in patient and family-focused care, ensuring constant access to interdisciplinary, coordinated care. Critical information on the illness trajectory, client needs and resource utilization via a "real time" registry, plus the integration of an epidemiologist and health economist to evaluate outcomes, are unique aspects of this model.

For us, supporting the learning of nursing students at McGill is a win-win enterprise. Initiatives such as providing supervision for the research projects of master's students has led to multiple practice improvements at the unit and organizational levels. Safe care for our patients is promoted through the excellent partnership fostered with McGill faculty and students. For example, a new Safe Transfer communication tool (used during the transition from one unit to another) evolved over several years from a series of collaborations: staff, nurse managers and Clinical Nurse Specialists identifying the patient safety issue; CNSs critically assessing the literature; students carrying out two studies in the NUR2 630/631 courses; research assistants (McGill undergraduate and graduate students) supporting the nursing team (CNSs, managers, patient flow coordinators) to elicit staff perspectives; and piloting of the tool developed by two more graduate students as their NUR2 627 project. Safe Transfer was introduced in 2009, and patients and staff are now benefiting from improved communication.

This rich history of collaboration between the MUHC and the School of Nursing has created a thriving culture of inquiry, innovation and enriched academic nursing.

Nursing Research at the Jewish General Hospital: Bridging the Gap Between Research and Practice

Margaret Purden

Associate Professor
Director, Doctoral Program

Over the past 30 years, nursing research at the Jewish General Hospital has been supported by nursing leaders such as Mona Kravitz and Lynne McVey, who recognize that research is important to the development of the profession and the advancement of nursing practice. Until a decade ago, however, nurse clinicians were less clear on how the findings of this work could enhance the care they provided and felt somewhat removed from the research process. Since 2000 many changes have occurred to make nursing research more "real," relevant and engaging for clinicians. It started with an expanded complement of researchers from one to four nurse scientists developing active programs of research in the areas of psychosocial oncology, cardiovascular care, maternal/child health, pain management in critical care, and interprofessional practice and education.

Researchers at the Centre for Nursing Research at the JGH now work in partnership with nursing directors and 129 clinicians and researchers in nursing and the other health professions. Nancy Feeley's team includes researchers from psychiatry, philosophy, medical anthropology, basic science and psychology who are developing novel ways of addressing the post-traumatic stress experienced by mothers of infants in the neonatal intensive care unit. Céline Gélinas's work on measuring pain in mechanically ventilated adult patients in the ICU includes a team of nurses, intensivists, anesthesiologists and cardiac surgeons. Margaret Purden's research to promote interprofessional practice involves a network of 20 investigators from across North America and a team in Brazil. Carmen Loiselle collaborates with colleagues across Canada and in India to advance nursing research in psychosocial oncology.

Being "in the field" enables the nurse scientists to hear from clinicians first about the knowledge gaps that need to be addressed in order to improve care. Clinicians also share their observations and opinions about the capacity of patients and families to recover. In addition, working within the hospital setting provides researchers with clinically relevant questions and leads to the design of stronger, more feasible studies.

Nursing leaders at the Jewish General encourage clinicians to address "burning" clinical issues by turning them into research questions and working with a graduate student and a nurse researcher to answer these questions. Clinicians in critical care, cardiology, maternal/child

Céline Gélinas *(second from left),* an assistant professor at the School of Nursing, with members of her research team: Martine Gagnon, Caroline Arbour, Jacki Raboy Thaw and Katrina Patel

health and oncology have been submitting clinical projects on a yearly basis to advance their practice and the quality of care provided to patients and families. Presentations of this work have won awards at national conferences. This past year, the JGH nurses Jessica Emed and Diane Brault, principal investigators, and Judy Bianco, Estelle Kalfon and Francesca Ercolanese, co-investigators, were funded by the Fondation de Recherche en Sciences Infirmières du Québec to study the implementation of a falls prevention policy and procedure.

In 2009 the Centre for Nursing Research moved to its new location in the H Pavilion of the hospital, along with researchers in epidemiology and palliative care, increasing the opportunities for collaboration. The layout of the Centre was designed by the researchers themselves, to facilitate interaction with students, research assistants and clinicians. The researchers' offices face the open computer work stations, affording students and research assistants easy access to their mentors and the support staff.

At the Centre, a full-time research librarian ensures that investigators and clinicians have access to the latest work in their field. The librarian also assists with grant applications and with the preparation of materials for conferences and for publication. A data analyst/research coordinator is available to set up new projects, train new research staff, organize data entry for projects and prepare data for analysis; she is also a resource for the graduate students' projects. A member of the clerical staff oversees budgets for the various grants and reconciles expenditures.

Over the past year the nurse scientists at the Centre for Nursing Research received $309,000 in funding for seven projects as well as three research career awards. Currently 38 grants are held by the researchers at the Centre, totalling more than $12 million. In the past year, 34 peer-reviewed articles have been published and 30 presentations have been given at national and international conferences. The Centre currently provides training and supervision for 15 master's, nine doctoral and three postdoctoral students. Additionally, over the past year 37 research assistants and research associates funded by external grants were working at the Centre.

The support provided by the Centre has enhanced the research productivity and success of independent investigators. It has also provided a setting for master's and doctoral students to develop their research skills and conduct their studies. For the JGH, the Centre has fostered the development of research skills among nurse clinicians, provided infrastructure for the clinical programs of research on the units, and increased interest in and enthusiasm for clinical research. To quote Lynne McVey, Director of Nursing at the hospital, the Centre for Nursing Research "creates constellations of innovation, where partnerships between nurse clinicians, graduate students and nurse researchers result in the development of wonderfully innovative projects. Patients and families benefit and nurses feel they've participated in an academic clinical environment that's conducive to learning and discovery."

Nancy Feeley *(centre, seated), an* assistant professor at the School, with members of her research team: Linda Boisvert, Kathie Sherrard and Phyllis Zelkowitz

Celeste Johnston *(seated, fourth from left)* at a reception in her honour

CELESTE JOHNSTON

An Extraordinarily Prolific Research Career

I first met Celeste Johnston in 1995 when she was to be my doctoral advisor. I completed only the first year of the program, but her warmth and her understanding of my family situation during that time motivated me to stay with her for more than 12 years as nurse coordinator for her research projects.

Celeste is a pioneer and a figure of international renown in the field of pain in neonates. She also led the way as a nurse researcher. In the early days very few professors had the ability to address the academic and research aspects of nursing as efficiently as Celeste.

Celeste trained as a nurse at the Royal Victoria Hospital, graduating in 1967. These were difficult years for her, as she found it hard to comply with the rigidity of some nursing preceptors. An anecdote Celeste likes to share concerns a moment when she had finished her nursing tasks and wished to observe a new technique. She was scolded for this and told that there was "dusting to do" and that she was expected to "dust with pride"!

Celeste immediately went on to pursue studies at McGill, where she earned a bachelor of nursing in Psychiatry in 1970. She liked psychiatry because it was the only specialty where students could express themselves. In her brilliant mind, this was of the utmost importance. While her husband was studying at the Massachusetts Institute of Technology, Celeste completed a master's degree in Child Psychiatric Nursing in Boston. She continued her studies upon their return to Montreal, graduating in 1979 with a doctorate in Counselling Psychology (DEd).

During a very prolific career, she has published countless articles, held substantive research grants and made numerous presentations at international conferences. She is a dynamic keynote speaker, has supervised many students at the master's, doctoral and postdoctoral levels, and has held the James McGill Chair.

When Celeste began her research career, pain management in children was not well addressed. Intrigued by the tiniest infants — the premature babies — and by our lack of knowledge about their immaturity and their pain, she teamed up with two prominent researchers in the field, K. J. S. Anand and Maria Fitzgerald. Celeste brought forth many innovative ideas and always tried to find ways to comfort premature infants. Her first group of studies involved sucrose, a simple but very effective analgesic for minor tissue-damaging procedures. Her research group was the first to use sucrose for a single procedure (heel lance), and the use of sucrose repeatedly for every minor tissue-damaging procedure soon followed. Two of her articles on the use of sucrose for repeated pain, published in *Pediatrics,* are major references in the field of pain research.

Celeste prioritized family involvement in the comforting of premature infants. She developed a comprehensive research program around Kangaroo Care (KC). This approach was first used for older premature infants (32–36 weeks post-menstrual age), measuring the analgesic effect of having the mother hold the infant during heel lance as opposed to conducting the painful procedure in the incubator. The results supported the analgesic effect of KC, and were confirmed in a study with younger premature infants (28–32 weeks pma). This work earned Celeste numerous international, national and local kudos — including a mention on the main McGill Web page. The KC method was then used with fathers and with an alternative female not biologically related to the mother. Celeste's goal was to broaden the use of KC and to explore other interventions for comforting very young infants. Celeste also sought to educate nurses to recognize, evaluate and document pain, and thus founded COOPPPN (Coaching One to One for Pain Practices in Pediatric Nurses). In addition, she studied therapeutic touch as a measure in very early preterm neonates (26–28 weeks pma). She has always been open to new ideas and interventions.

Celeste retired in January 2010 but continues her research career as a McGill Emeritus professor. Always ahead of her time, she is now studying pain in the preterm brain, using MRI technology to learn about the effect of pain on the volume of grey matter in preterm neonates.

It has been an honour to work with Celeste Johnston.

Françoise Filion

ELIZABETH LOGAN

Spotlight on an Illustrious Career

Get the information from the patient and not from a textbook . . . Open your eyes and ears . . . Don't tell but ask . . . Write what you observe or hear, think about it, and then go back and observe some more . . . Return again and again to the patient . . . Understand the context of the patient . . . Use your sciences to understand what you are seeing and hearing . . . Keep developing your knowledge . . . Nursing is nursing — it is specific to the patient — so know the context, but, more importantly, know the patient.

These are the words of Elizabeth Logan, a former director and long-time faculty member of the School of Nursing, as she speaks about nursing and her wonderful career as a nurse. "I always did what I wanted to do. I never worried about what some doctor thought — I knew what nursing was." Listening to Elizabeth speak about nursing, one realizes that she is describing her professional credo. Seeking knowledge, questioning everything, always taking the patient as the focus, observing and listening, understanding patients in the context of their families and communities, responding to patients' needs — to her, this is the substance of nursing.

Elizabeth once cautioned a graduating class, "Many facts and a bag full of skills do not make a nurse." She explains that nursing involves active learning through the special relationship between nurse and patient. She laughingly recounts one of her most memorable learning experiences: "As a new graduate I was given a position at the Montreal Children's Hospital as head nurse on a long-term-care unit for young boys with tuberculosis. The first morning, they threw their breakfasts out the window. I never said anything, just went about my business — but observing and listening . . . I learned that the boys didn't like the food. And it *was* awful. I contacted food services. We had food brought to the unit and the boys could choose what they wanted. There was a wonderful cook who knew how to prepare the food. No more food was thrown out the window!"

Elizabeth had deftly put into practice the concept of nursing she had learned in the master's in nursing program at Yale University, class of '34. (Yale has one of North America's longest-running nursing programs, and it offers accelerated entry at the master's level for those with baccalaureate degrees in other disciplines.)

The way Elizabeth tells it, as a young science graduate with a major in biology (Acadia University, class of '32), she did not choose nursing — it chose her. She was considering her career options, including social work, when a family member subtly intervened. One of her aunts, a nurse in the United States, was a friend of the director of the Yale School of Nursing. Her aunt arranged for the director to send Elizabeth a brochure on the nursing program and an invitation to apply. "My aunt knew that I'd resist if she tried to tell me what to do, so she approached it indirectly. I read the brochure and thought it sounded wonderful, so I applied." Elizabeth went to Yale and never looked back. She had found her career.

She was drawn to both pediatric nursing and Montreal from the beginning of her career. While she was in Montreal, her inquiring mind and her readiness to accept challenges led Elizabeth to accept a position at the Boston Children's Hospital as the nurse on a research study focused on children with cerebral palsy. She honed her observational and team-building skills there, while also developing her nursing skills and nursing identity. Working with many different kinds of people in nursing, medicine and other professions, all contributing to the fullest with whatever talents they possessed as they worked towards a common goal, was an exhilarating learning opportunity for Elizabeth. Those early experiences reinforced her belief in the need for nursing to stand firm in its convictions about its role in health and within health-care teams.

Elizabeth brought her ideas about nursing to McGill in the 1940s, having worked in pediatric and community health settings in the United States, including a stint with public health services in New York City. Her science major at Acadia made her appreciate the value of the biological and physical sciences to nursing, while her studies at Yale and her later practical experience convinced her of the

Carol Bell Thompson and Pat LeBlanc, two of Elizabeth Logan's former students, stand beneath her portrait in Wilson Hall (Elizabeth's portrait is the one on the right).

ELIZABETH LOGAN

Elizabeth Logan today, enjoying the company of her great-grandniece

need for breadth in nursing education. At McGill, she found a kindred spirit in Rae Chittick, director of the School of Nursing, who was an advocate of nursing students having a strong knowledge base in the sciences, arts and humanities. For McGill nursing students, the value of continuing to learn, of increasing the effectiveness of nursing interventions through research, and of seeing themselves as members of society and seeing the world in human terms became a part of the learning environment. More than half a century later, a strong science base and a liberal education are still hallmarks of McGill's nursing programs. The emphasis on observing, listening, interviewing, working with the patient to achieve his or her goals, and focusing on the patient as a person and as a member of a family/community are integral to nursing at McGill and its affiliated institutions.

During those early years, the School of Nursing played a prominent role in the development of international nursing. International students were warmly welcomed at the School and became an integral part of the nursing program. Faculty members, including Elizabeth Logan, served as consultants in the development of nursing in other countries. Reading the reports of Elizabeth's consultation activities (University of Aarhus, Denmark, on behalf of the World Health Organization, 1961; University of Ibadan, Nigeria, on behalf of WHO, 1969; University of West Indies on behalf of the Caribbean Community Secretariat, 1978) and her presentations on nursing, one is struck by the consistency of the messages. She has never wavered in her belief that nursing has a vital role to play in the shaping as well as the provision of health services. In the early 1960s she was expounding on ideas that we often associate with present-day nursing, such as the concept of a health continuum; health as a relative quality — an index, at any given time — of one's adjustment to one's life situation; collaborative relationships among nursing education, research and practice; the removal of non-nursing tasks to allow nurses to concentrate on nursing; the formation of health-care teams within both the established and the emerging health professions; a fine balance between a career in nursing and marriage/parenthood; recognition of the role of men in nursing; and appropriate education of more than one type of nurse. She was a strong advocate of finding interesting solutions to health problems and of helping people to implement their ideas rather than telling them what to do. She was attuned to changing health services, roles, and functions and the need for the health professions to sit down together and give careful study to the re-assessment and re-alignment of the functions of all.

Given her recognition of the linkages between the needs of society/communities and nursing education and the need for nursing to determine its own destiny, it is not surprising that, as president of the Canadian Association of University Schools of Nursing (CAUSN, now CASN), Elizabeth was instrumental in setting up the task force that would eventually develop an accreditation system for undergraduate nursing programs in Canada. Her advocacy was a major force in bringing that system to fruition.

Elizabeth's beliefs about nursing and her accounts of her life as a nurse reveal what a subtle but powerful force she has been in the profession. Much of what we value in nursing today is what she has been practising and preaching for more than seven decades. In her own quiet way, she promoted a strong nursing identity and proactivity within the complex and ever-changing world of nursing. Those of us who were fortunate enough to have Elizabeth as a teacher at McGill know how much she influenced our views on nursing and our careers.

Elizabeth has never stopped learning. Following her retirement from McGill, she made the difficult decision to leave her beloved Montreal and settle in Nova Scotia to be near her family. She has spent years as a community activist, including working with the settlement of immigrant families. She still demonstrates that same inquiring mind and independence of spirit that have been so characteristic of her life. As a young woman in the 1930s, she

ELIZABETH LOGAN

met the challenge of being told that women did not study science by selecting biology and excelling in it. She is meeting the challenges of aging in a similar manner — remaining independent and striving to understand what is happening in the world at large while coping with the vexations of everyday life. She maintains a keen interest in nursing, McGill, and Montreal and is particularly delighted with the Highlands of Hope project in Tanzania: "Now, that is real nursing!"

Susan E. French

Among Elizabeth Logan's many initiatives, in 2007 she helped to establish an endowment fund at the School. This fund, which was specified for use at the director's discretion, has been greatly valued by faculty and students alike.

NORMA PONZONI

New Coordinator of the PCNP Program

We would like to formally introduce our readers to Norma Ponzoni — who is not really a newcomer to the School of Nursing. Norma has been teaching at the School since 2007. She has been a sessional faculty member, teaching undergraduate courses. Although she continues to teach these courses, in the summer of 2009 Norma joined our full-time faculty to become the coordinator of our Primary Care Nurse Practitioner (PCNP) program.

Our PCNP program is a joint master's and graduate diploma program recently established in response to a government initiative to increase the number of clinicians providing primary care services. As full-time coordinator, taking over from Sophie Charland, Norma has had to manage a variety of challenges in implementing this multifaceted program. Primary care serves a wide range of populations, from newborns and young children to adults and the frail elderly, as they adapt to a diversity of events, including childbirth, developmental challenges in childhood, chronic illness (e.g., diabetes, heart disease), mental health disorders, and disability. Norma has successfully coordinated the large numbers of teachers required to cover these domains, working closely with the School's medical coordinator, Dr. Gerald van Gurp.

In addition, Norma has ensured that our numerous clinical sites are accredited with the Ordre des Infirmières et Infirmiers du Québec. She prepares each site for the entry of our PCNP students and ensures that the students have adequate guidance and support throughout their studies at McGill and at our clinical sites. This program is also offered in our northern affiliated setting in Abitibi-Témiscamingue, in collaboration with our academic partners at Université du Québec en Abitibi-Témiscamingue (UQAT). The PCNP program at Université du Québec en Outaouais (UQO) also enrols its students in some of our courses. The participation of UQAT and UQO in our program requires videoconference classes and the preparation of bilingual materials. As if all of this were not sufficiently diverse, we also offer a post-master's PCNP option for those who have already completed a conventional master's degree in nursing. This consists of a graduate certificate coupled with the diploma specialization in primary care.

Norma has been very busy indeed. She has masterfully managed this complex program, resolving numerous and frequently urgent issues. Her perseverance has paid off wonderfully, as our first cohort of PCNP students have just graduated (in spring 2010). This cohort performed excellently in their recent licensing exam — a demonstration of the program's success. Hats off to Norma for her wonderful work, and to all other faculty members associated with the PCNP program for their contributions.

Welcome, Norma, and thank you for your commitment to the success of this program!

Franco A. Carnevale

KUDOS

New alumnae and winners of spring 2010 convocation prizes. *Left to right:* Alison Mockler (*CJNR* Prize), Jason Hickey (F. Moyra Allen Prize), Doreen Bachmann (Barbara Anne Altshuler Prize), Patricia Alfaro (Anne Hum Fong Prize) and Annie Chevrier (E. Rocque Malowany Prize)

Congratulations to our students

Angela Ahenkorah and **Amanda Grant**, both U1 BScN students, are recipients of Quebec Black Medical Association scholarships. The QBMA was founded two decades ago by Dr. Elrie Tucker to financially and professionally encourage black students who have chosen to pursue careers in the health-care field.

Madelina Boitor and **Karon Hammond-Collins**, U2 BScN students, have both been awarded the Ordre Regional des Infirmières et Infirmiers de Montréal/Laval prize for best academic record for a second-year BScN student residing in the Montreal/Laval area.

Irene Chu, a U2 BScN student, has been awarded a scholarship by the Arthritis Society.

Anthony Prymack, a U1 BScN student, was selected to represent Canada at the World Fencing Championships held in Baku, Azerbaijan, in April 2010.

Since the last issue of *In Focus,* five doctoral students have successfully defended their theses and have been granted their degrees by the University. The names, thesis titles and thesis supervisors of these outstanding scholars are as follows:

Alain Biron. *Medication Administration Complexity, Work Interruptions, and Nurses' Workload as Predictors of Medication Administration Errors* (August 2009). Thesis supervisors: Carmen Loiselle and Mélanie Lavoie-Tremblay.

Left to right: Gabriel Domocos, Windy Cloutier, Mélanie Côté and Dominique Sinigagliesi. These recent Nursing grads are McGill's 2010 finalists in the Forces Avenir competition, a Quebec-wide initiative to encourage and celebrate social awareness and responsibility in young people. Their project, A Step Towards Social Justice: Taking Action on Mould in Social Housing (submitted while they were U3 BNI and BScN students), is featured on the Forces Avenir Web site: http://www.forcesavenir.qc.ca/universitaire/finaliste_view/3324.

KUDOS

Lisa Keeping. *Bridging the Transition From Hospital to Home: Effects of the VITAL Telehealth Program on Recovery in Coronary Artery Bypass Graft Surgery Patients and Their Caregivers* (January 2010). Thesis supervisors: Margaret Purden and Nancy Frasure-Smith.

Kelley Kilpatrick. *Perceptions of Team Effectiveness Following the Introduction of a Cardiology Acute Care Nurse Practitioner Role* (July 2010). Thesis supervisors: Mélanie Lavoie-Tremblay and Judith Ritchie.

Erna Snelgrove-Clarke. *The Effects of Action Learning on Nurses' Use of a Fetal Health Surveillance Guideline With Low-Risk Labouring Women* (October 2010). Thesis supervisors: Judith Ritchie and Celeste Johnston.

Catherine Ann Thibeault. *The Relationships of Hospitalized Persons With Acute Mental Illness and Their Nurses: An Interpretive Inquiry* (October 2010). Thesis supervisor: Franco Carnevale.

Bravo to our faculty

Madeleine Buck has received the 2009 Ethel Johns Award from the Canadian Association of Schools of Nursing in recognition of her distinguished service to nursing education in Canada. She joins the ranks of McGill recipients of this honour: Joan Gilchrist (1990), Moyra Allen (1994) and Susan French (1998).

Madeleine Buck and **Catherine Gros** have been promoted to the position of Assistant Professor at the School of Nursing as of May 2010.

Laurie Gottlieb received the Insigne du Mérite, the highest honour bestowed by the Ordre des Infirmières and Infirmiers du Québec (OIIQ), during the organization's 2009 annual congress. This distinction highlights the achievements of "a Quebec nurse towards the betterment of health services and contributions made to the advancement of the profession." On the same occasion, Laurie was presented with the Prix du Conseil Interprofessionnel du Québec.

Carmen Loiselle has received the Canadian Association of Psychosocial Oncology's Award of Education Excellence for her work in Psychosocial Oncology Research Training (PORT). This prestigious award reflects the national and international impact of Carmen's important contribution. She has also been honoured with the Award for Excellence in Medical Research presented by the Jewish General Hospital to "a researcher whose insights and initiatives have resulted in a unique and significant contribution to patient treatment and care."

Carmen Loiselle receives the 2010 Lady Davis Institute Award for Excellence in Medical Research, presented by Hartley Stern *(left)* and Bernard Stotland, CEO and president, respectively, of the Jewish General Hospital.

Carmen Loiselle and **Mary Ellen Macdonald** are the authors, with alumna Sylvie Lambert, of an award-winning article in *Cancer Nursing* (see page 21).

Diane Lowden has received the Award of Excellence for Nursing Research at the Montreal Neurological Hospital, presented during Nurses' Week 2010.

Lynne McVey, Director of Nursing at the Jewish General Hospital, has received the OIIQ Award – Prix Florence in the category of Leadership in recognition of her work on quality assurance and the development of academic nursing at the JGH. The OIIQ commends Lynne for her "remarkable ability to articulate the importance of keeping the responsibility and the accountability for practice in the hands of Nursing, and the strength of conviction to follow through by working to shape nursing policy in Quebec."

Patricia O'Connor has been appointed to the position of Director of Nursing and Chief Nursing Officer, McGill University Health Centre, effective October 19, 2009. A graduate of the McGill School of Nursing, she held a fellowship with the Executive Training in Research Application program of the Canadian Health Services Research Foundation (CHSRF) in 2004–06 and with the Commonwealth Fund Harkness Program in Health Policy and Practice in 2008–09; her Harkness research concerned innovations in interdisciplinary work redesign in Canada and the United States. Patricia is now completing a fellowship with the Canadian College of Health Service Executives. She is also a recipient of the Montreal Neurological Hospital's Lifetime Achievement Award.

KUDOS

Margaret Purden has been promoted to the rank of Associate Professor at the School as of October 2010.

Judith Ritchie has been presented with the Excellence Through Evidence award by the CHSRF.

Sonia Semenic has been granted a Fonds de la Recherche en Santé du Québec Junior 1 Chercheur-boursier – Santé et Société. This is a particularly rigorous competition, with only four recipients in 2010–11.

Geneviève Tousignant, Clinical Nurse Specialist in the multiple sclerosis program at the Montreal Neurological Hospital, has received the 2010 Prix de la Relève Regionale, awarded by the OIIQ's Youth Committee. This prize recognizes the "exceptional contribution of a nurse with less than 10 years of professional experience who is a role model due to excellence in studies, work, community and professional involvement." Geneviève, who teaches NUR1 223 *Development Over the Lifespan,* has recently been appointed part-time Faculty Lecturer.

Patrick Vaillant is the recipient of the School's 2010 Faculty Award. This honour is bestowed on the most dedicated and outstanding professor as voted by the graduating class in the master's program. This year's award expresses the students' "tremendous appreciation for your enthusiastic and professional manner" in teaching NUR2 628 *Advanced Assessment* in 2008–09 and their hope that "you can continue to share your talent and passion for nursing with future generations of student nurses at McGill University."

Administrative staff members Margie Gabriel *(left)* and Anna Santandrea at the Ovation Awards

Three cheers for our administrative staff

The School's administrative personnel have also had their moments in the spotlight, and great successes to share with our readers.

There are now two official "stars" among the support staff, voted as such by students, faculty members and our peers. **Anna Santandrea** has been awarded the Graduate and Postdoctoral Studies Award for Excellence in Service to Graduate Students. This honour was long overdue. The School of Nursing had nominated Anna for the award before, and, finally, GPS also took notice of her abilities, excellence and dedication to the service of graduate students, many of whom are surely among the legions of avid readers of *In Focus.*

And then there is yours truly (**Margie Gabriel**), honoured with the Anne McCormick Award for Excellence — one of three Faculty of Medicine Ovation awards for administrative support. Anna and I were each presented with our commemorative plaque by the awarding dean (GPS for Anna, Medicine for me) at a delightful ceremony followed by a reception.

For both the honourees and the School, the recognition was overwhelming and exhilarating. I'm already thinking of whom to nominate next year, and for which award. I have a bank of outstanding staff members to choose from, all excellent at what they do. Céline Arseneault, who is Nursing's voice on the Sub-committee for Student Records, chips away at bureaucratic processes to make undergraduate affairs run smoothly. Marie-Lee Hendrykowski readied the new Nursing Learning Laboratory for its faculty launch on September 1, 2010. Pina Pietraroia worked in collaboration with experts at GPS in sculpting the School's Web site, making it more attractive and user-friendly for potential and current graduate students. Pia Pozzuto battled — successfully — for classrooms and better timetabling for our faculty and students. And Diane Telmosse somehow manages to keep us connected with all of the School's various directions.

Two offices located within the School also share in our successes. *CJNR (Canadian Journal of Nursing Research)* sustained its productivity during a rather turbulent summer in 2010, thanks to its dedicated staff: Melanie Girard, who has now moved on to build her own business, and Joanna Toti, who as Managing Editor has seen the Journal through its adolescent years and into maturity. New to the *CJNR* team is Amélie Desrochers, who replaces Melanie as Assistant Managing Editor.

KUDOS

There has also been a change in staff at the PORT (Psychosocial Oncology Research Training) program, with Hedwige Moss taking over from Michelle Savard in the role of Manager. (Michelle was in the position for a relatively short period; unfortunately for the program, her husband's job called for a transfer to Italy.)

I believe we are a remarkable team of women, and our job is to serve faculty and students and anyone connected with the School — in other words, you, the reader. Please be in touch!

A round of applause for our alumnae

Suzanne Do-Davoll, RN, **MScA '00**, CNN(C), a graduate of the direct-entry master's program, achieved certification in 2009 after taking the Canadian Nurses Association's Neuroscience Nursing examination. In addition, during National Nurses Week 2010 she received an Award for Excellence in Nursing Practice for the Neuroscience Mission. Suzanne is currently a staff nurse at the Montreal Neurological Hospital.

Sylvie Lambert, **BScN '00**, **PhD '08**, is a co-author (with faculty members Carmen Loiselle and Mary Ellen Macdonald) of an award-winning article in *Cancer Nursing*. "An In-depth Exploration of Information-Seeking Behavior Among Individuals With Cancer. Part 1: Understanding Differential Patterns of Active Information Seeking" (*32*[1], 11–23, 2009) was named *Cancer Nursing*'s research article of the year for 2009.

Two current and two future alumnae of the School travelled to Haiti in 2010 to assist in the aftermath of the devastating earthquake. They are **Brigitte Ireson-Valois**, **BScN '08**, and **Roman Tarnavskiy**, **BNI '09**, both of whom work at the Jewish General Hospital, and current BNI students **Daniel Doremy** and **Anne Liang**.

ALUMNAE NEWS

Remembrances of the First English CEGEPS Nursing Program

Anna Taylor *MScA '70*

On this, the 40th anniversary of my graduation from the McGill School of Nursing, many events in nursing bring forth a sense of pride. I'm reminded in particular of the intense collaboration among newly hired faculty members who worked long days and late into the evenings to develop the curriculum — just weeks before delivering it.

Professor Laurie Gottlieb will remember that, as members of the nursing faculty at Vanier College, we collaborated with those at Dawson College and ultimately at John Abbott College to discuss the sharing of learning resources.

Laurie's article in the Autumn 2009 issue of *In Focus* quotes Evelyn Malowany as saying, "Hire the best people and then don't get in their way." This concept would have been appreciated by Moyra Allen as she interviewed prospective faculty members at John Abbott back in 1970. The nurse educators who were hired as a result of that process — many of us graduates of the McGill School of Nursing — were certainly never paid for "creating a curriculum" in order to operationalize nursing behaviours that would meet the broad expectations of graduates as outlined by the Ordre des Infirmières et Infirmiers du Québec.

Anna Taylor, MScA '70, pictured at her graduation

As professors, we took on that role eagerly, to ensure that new nursing graduates would not just possess knowledge, capabilities and skills "equal to" those of nurses prepared in hospital schools of nursing across the country, but be excellent practitioners capable of collaborating with other nurses in all settings where nursing services were needed.

From the moment these nurses entered the doors of a hospital they would be scrutinized and compared to nurses who had been prepared the old way. It was at that point that the newly created nursing laboratory had a focus: the mastery of needed skills *before* one entered the doors of a hospital. As faculty members, we used our resourcefulness to write modules for each and every physical nursing skill to be mastered. And mastered these skills

were! The learners were then free to focus on the other aspects of nursing during their client-care situations, without being overly conscious of the procedures they were required to perform.

Indeed, these novice learners who would become nursing graduates of Quebec's CEGEPS system represented our best hope for the future, capable of collaborating with colleagues prepared in baccalaureate programs in the quest for excellence in nursing practice. Those graduates were and still are the pride of nursing faculty who laboured under tight timelines to prepare registered nurses for the 1970s and beyond.

In 2002, when I was a faculty member at the University of Alberta, I underwent surgery and spent 16 days in hospital as a result of a post-operative bleed. There, in that Edmonton hospital, I met one of my nursing students from John Abbott College. She was head nurse on the unit where I was a patient. It was pride that I felt when she introduced herself to me. And she demonstrated her own pride when she brought in her John Abbott yearbook with photos of me, as chair of the nursing program, pinning on her nursing pin at her graduation. This was just one of the many times during my nursing career when I have met former students. Of all the roles I have had — practitioner, educator, administrator, consultant and researcher — my role as nurse educator, from 1970 to 1982, is the one that holds the greatest pride for me.

Supporting Strength in Diversity

Grace Bavington *BN '73*

It was a very diverse group of post-RN students who entered BN studies at the School of Nursing in 1971. We came from various countries and different parts of Canada. We brought with us diverse experiences from places ranging from the Canadian Arctic to countries in West and Southern Africa. We were a "stew" of strong, sometimes critical, personalities with a range of abilities. It must have been a challenge for the School's director, Elizabeth Logan, to integrate our class into the McGill environment and have us meet the rigorous demands of the nursing curriculum. Most of us had stepped from pragmatic, challenging work settings that called upon all of our empirical skills into the vast, complex world of the mind and scholarship. The campus seemed to open up broad vistas unrestrained by the strict and reassuring parameters of our military-like profession.

At least this is how I remember my early university experiences and my arrival in cosmopolitan Montreal, a new city for me. Ms. Logan had respect for the diversity of our backgrounds and her international experience gave her a profound understanding of difference. Before entering McGill, I worked in health care as a CUSO (Canadian University Service Overseas) co-operant in rural Nigeria, and Ms. Logan came to our area while on a mission with the Canadian Nurses Association; she was therefore keenly aware of where the West African students came from and my own international work background.

Nursing needs to sustain its roots in caring within the community. Ms. Logan understood this and invited us to volunteer our skills beyond the required practicum at the newly founded La Flèche Community Clinic, which she supported. The lessons we took away from the clinic enriched our experiences. I was humbled by Ms. Logan's progressive and non-traditional acceptance of citizen-driven health care. The lessons I learned at La Flèche, sometimes through humour, have greatly influenced my attitudes and practice in public health nursing.

In retrospect, I consider myself lucky to have decided to proceed with my education at McGill under the watchful eye of Elizabeth Logan.

Psychogeriatric Nursing in the Community: An Advanced Practice Role

Ora Alberton
BScN '78, MScA '88

Cindy Dalton
BScN '86, MScA '97

The CSSS (Centres de Santé et de Services Sociaux) de la Montagne consists of programs for different subgroups of the population who are living in the community. The population is from three (Montreal) sites: Côte-des-Neiges, Métro and Park Extension.

The PPALV (Programme Perte d'Autonomie Liée au Vieillissement) is a CSSS program that offers home-based health services to the elderly. The PSAP (Programme de Services Ambulatoires en Psychogériatrie) is a sub-regional program established in 1986 to serve the growing aging population living at home with a psychogeriatric profile and to reduce the number of emergency admissions.

The psychogeriatric team is consulted by frontline health-care workers within the PPALV of the CSSS de la Montagne and the CSSS Sud-Ouest Verdun, site Saint-Henri. The objective is to help elders live in the community by reducing the impact of their cognitive or mental health problems and maladaptive behaviours.

The psychogeriatric team comprises nurses, social workers and psychologists who are individually assigned cases based on their professional expertise. In our nursing role, we address complex and often unpredictable situations. For example, we may be assigned a client who is experiencing cognitive decline with multiple medical problems and polypharmacy. Elders are living longer today and many have multiple diseases associated with loss of function that require ongoing adaptation. Many are coping with stressful and at times traumatic life transitions with limited social support. The McGill Model of Nursing is our approach to care as we collaborate with elders, their families and members of their support network. Our approach is holistic. We learn about their personal and social history in order to better understand their response to current life events. We identify strengths and readiness to change and then tailor our recommendations and interventions accordingly.

Ora Alberton *(left)* and Cindy Dalton, co-workers in Advanced Nursing Practice

An advantage of our program is that we meet with elders in their natural living environment and reach out to those who fail to keep a clinic appointment. Their caregivers are usually aged and experiencing physical decline themselves. Gaining entry into the home can be a challenge, as many do not recognize the need for services despite multiple risks. Advanced communication skills are needed to establish a trusting relationship with an elder who is exhibiting paranoid ideation. It is not unusual to have to negotiate entry while respecting the elder's right to privacy. An elder who is competent has the right to live at risk and refuse health services.

The scope of our nursing practice is very wide and requires an ability to be innovative and highly autonomous. To obtain a comprehensive view of the clinical situation, we gather information from multiple sources (the client's natural living environment; medical files from clinics and hospitals; discussions with family members, health-care workers on the interdisciplinary team and community partners). Master's education is essential for this level of critical inquiry, as we generate hypotheses and then return to the clinical situation for guidance. To support our clinical observations, we use scientific research in geriatrics and late-life psychiatry as well as tests to evaluate memory, cognitive status, depression, risks of living at home, activities of daily living and caregiver burden. Extensive knowledge of family nursing is required in order to assess family relationships, roles, and communication patterns and to intervene with the family as a unit. Family meetings are held jointly with frontline workers to share information, intervene, support and teach. For family members who live out of town, communication takes place via e-mail, fax, letter or telephone conference call.

Interdisciplinary consultation is an important part of our work. We are frequently consulted by frontline workers from different disciplines. Within our own psychogeriatric team, we consult each other to exchange knowledge and expertise. The final evaluation/clinical judgement is then formally presented to the psychogeriatric team and to PPALV workers. The discussions are rich and challenging as we arrive at a consensus and make team recommendations.

As advanced practitioners, we are clinicians, consultants and educators. For our own professional development, we meet to share clinical expertise and review current research. In addition, we are members of Regroupement des Infirmières et Infirmiers des Services Ambulatoires de Psychogériatrie, a nursing association established in 1988 to foster the sharing of knowledge and to promote our professional role.

Every day offers learning opportunities. As elders share their life experiences, we learn who they are and where they have been and the tremendous resilience they are capable of. We love what we do and enjoy coming to work every day!

IN RESPONSE TO OUR 2009 E-SURVEY, WE HAVE HEARD FROM THE CLASS OF...

2000s

Sasha Dyck Holzinger MScA '09
I am the Field Coordinator for a research project out of the Clinical and Health Informatics Research Group at McGill. We are examining how physicians and nurses interact with technology, especially software, with the goal of improving patient safety and outcomes. Our research will allow for better implementation of the electronic health records of the future. sasha.dyck@mail.mcgill.ca

Marie-Andrée Gauthier BScN '09
I am working as a nurse on a cardiac surgery floor. marie-andree.gauthier@mail.mcgill.ca

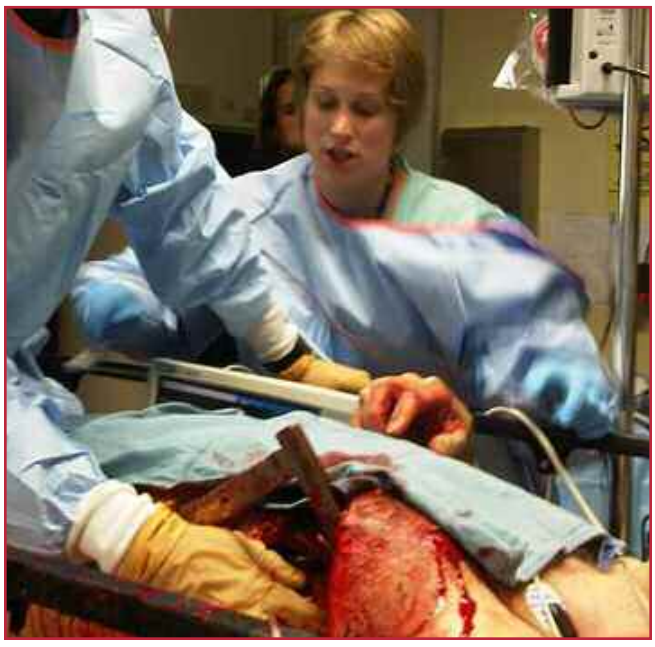
Alisha Phillica Hepburn BScN '09
I work at the Royal Victoria Hospital [Montreal] in hematology/oncology.

Rachel Lomas MScA '09
Currently employed in ICU at the Jewish General Hospital [Montreal] and teaching in the DE master's program at McGill.

Nancy J. Moore BScN '07
Not working at this time.

Vincent Yeng-Jieh Choo BScN '06
I enjoy receiving the newsletter as a way to keep updated about the goings-on with the School of Nursing.

Jeanesse Bourgeois assists at an emergency thoracotomy at the Montreal General Hospital.



Jeanesse Bourgeois BScN '04
Currently working in Emergency. This photo *(see opposite)* is a true action shot of my work in the ER. You statistically have less than a 2% chance of survival from an emergency thoracotomy. We did five since this spring, and this patient was the only one to survive. It is the heart of why we do what we do in the ER. jeanesse.bourgeois@muhc.mcgill.ca

Esther Mercedes Laforest BScN '04
Working at the Jewish General Hospital in the Heart Function Clinic and the Coronary Care Unit. Applying to master's program.

Christine Leblanc BScN '02
Working as an RN in ER.

Kengy Pierre-Louis BScN '02
Married since 2003; two kids (5 and 2). ICU nurse at the Montreal Chest Institute and nursing teacher at CEGEP de Maisonneuve. kengy_udm@hotmail.com

Maryse Dagenais MScA '01
Working as Clinical Nurse Specialist, Advanced Nursing Practice, in pediatric intensive care.

Sylvie Lambert BScN '00, PhD '08
Shortly after obtaining my PhD, I moved to Australia to pursue a postdoctorate with the Centre for Health Research and Psycho-oncology, University of Newcastle. I have been involved in cutting-edge research in my field and building on the research skills developed during my PhD studies.

1990s

Maria Addona-Deschenes BScN '95
Presently working at the McGill University Health Centre on an oncology hematology ward.

Stephen Caron BScN '95
Working in nursing; recently completed a master's in Leadership. stephencaron@shaw.ca

Mandy Michelle Tanner MScA '94
I am a palliative clinician for the North and West Vancouver community.

Sarah Shea BScN '92
Working as a bedside nurse in ICU at the Montreal Children's Hospital and also as a clinical instructor in the BScN program.

Kengy Pierre-Louis with his family

Janique Gagnon BScN '91
I retired from the military in April 2001. A few weeks later I started working at the Children's Hospital of Eastern Ontario on the Medical Day Unit. I have been working there for the past nine years, alternating between the Hemodialysis Unit (primary), the Medical Day Unit and the Oncology Clinic. Working with kids has enlightened my practice and I hope to work there for a long time.

Elaine Griffin MScA '91
I am currently a stay-at-home mom, teaching the occasional nursing continuing education course or chemotherapy provider course. I hope to return to work in the near future in my usual role as an oncology Clinical Nurse Specialist.

Karen Maria Beckermann MScA '90
I've been working at Toronto Public Health since 2000. I'm currently an Acting Supervisor in the Vaccine Preventable Diseases Program. Needless to say, it has been very interesting and eventful recently. I love Public Health and working with the McGill Model is such an easy fit — the community is the family!

Jane Chambers-Evans MScA '90
Working as a nursing consultant and also a nurse ethicist. janec.evans@muhc.mcgill.ca

Janice Stephenson MScA '90
Clinical Nurse Specialist in Geriatrics at the McGill University Health Centre, Royal Victoria Hospital site. jstephenson302@gmail.com

1980s

Kathleen Johnston BScN '89
I work with the palliative care program in New Westminster, British Columbia. I recently completed my MN at the University of Victoria.

Christine Elizabeth Kouri BScN '87
I am the Patient/Family Representative and Coordinator of Patient/Family Centred Care at the Children's Hospital of Eastern Ontario. My BScN was a great foundation for my career.

Kim Turner BScN '87
I am working as a dental hygienist and still trying to figure out how nursing and oral hygiene relate to each other.

Cynthia Mannion MScA '85
Associate Professor, Faculty of Nursing, University of Calgary. cmannion@ucalgary.ca

Truc Huynh BScN '84
I am a PhD student at the Université de Montréal. truc.huynh@mail.mcgill.ca

Valerie Cass BScN '81
I am actively working in nursing as a nurse manager in transplantation and hepatobiliary surgery.

Linda (Henley) Jussaume BScN '81
My position is Program Director, Surgery, Endoscopy and Central Processing, Rouge Valley Health System, Toronto. rljussaume@rogers.com

1970s

Valerie Chan BScN '79
Working in the Neurology Clinic at the Hospital for Sick Children, Toronto, with children who have epilepsy, headache and other neurological disorders.

Ora Alberton BScN '78
I am in my 11th year in Advanced Nursing Practice as a member of the Psychogeriatric Service at CLSC Métro (CSSS de la Montagne) [Montreal]. I am now working with another McGill grad and former faculty member, Cindy Dalton. See our article on page 22.

Gina Ricci-Lypaczewski BScN '78, MScA '88
I earned a master's in Organizational Leadership at the College of Saint Mary in 2008 and am currently Specialty Clinics Nurse Supervisor at Boys Town National Research Hospital in Omaha, Nebraska. I sincerely appreciate keeping in touch with my alma mater. gina.lypaczewski@boystown.org

Patricia Rose BScN '78
For the past year I have been Interim Associate Director of Nursing, Surgical Services, at the McGill University Health Centre. patricia.rose@muhc.mcgill.ca

Mary M. Savard Bougie BN '77
I am a cancer/palliative home care nurse with Nova West Island [Montreal]. I also conduct foot-care clinics for the elderly in various locations on the West Island. Another interest I have is a cancer support group that I lead monthly; it is a forum for cancer survivors to meet and talk about their experiences and their wants and needs.

Heather Anne Ayerst BN '76
I am working as a nursing practice consultant at the National Centre for Operational Stress Injuries in Sainte-Anne-de-Bellevue [Quebec].

Johanne Thurber-Bradwell BScN '76
I am working as a public health nurse for the Oakland County Health Department, Oakland County, Michigan.

Simone Bollaerts BN '75
I'm currently working as a [member of the nursing faculty] in the practical nursing program and in clinical education, teaching wound care. Education is changing — [it is] worth looking at education for nurses as in a business model or . . . as in an excellent care model.

Jane Muir Mason BN '75
I was a professor in Connecticut but am now retired.

Janice Tangney BN '75
I am not working at the moment.

Karen Bradford Chapman BScN '74
Completing a PhD in the Faculty of Medicine, University of Toronto. karen.chapman@sickkids.ca

Kendy Bentley BScN '71
I am the president of a company that I established in 1985. It focuses on health promotion and wellness. Our main work is the design and management of fitness centres, primarily in the corporate sector. We also do presentations on health and wellness. Throughout this time I have maintained my nursing registration, as I believe that an RN [credential] is well respected in society and gives credibility to our work. kendybentley@telus.net

Georgiana Beal BN '70
Retired from active organizational work; currently working with Accreditation Canada as a surveyor and teaching yoga.

Gillian Cargill Valiquette BN '70
I am retired from teaching nursing at Dawson College [Montreal]. I have been retired for several years now. golfers@videotron.ca

Loraine Coffin BN '70
Currently administrator of a long-term-care facility (Renfrew Care Centre) in Vancouver and also for the past 15 years a surveyor with Accreditation Canada.

Joyce Constantin BN '70
I have been retired for five years but continue to advocate for and be proud of the many contributions of our nursing profession.

Diane J. Moreau-Hemmings BN '70
Semi-retired. Teaching occasional courses at Brock University in nursing, community health and intercultural studies. Working occasionally with the University of Toronto Health Communication Research Unit.

Class of '71 alumnae Avis Boyar, Joyce Gauthier and Kendy Bentley met on their first day at the School, in 1967. All three relocated to Calgary with their husbands in the 1970s. They are pictured hiking in Kootenay National Park in September 2009.

Cheryl Rathborne BScN '70
No longer in nursing but provide social support services to immigrant and low-income families, deliver a preschool preparatory program and teach yoga through a community recreation program. crathborne@sympatico.ca

Carla Yaffe-Krasnick BScN '70
I am working with a program by Peggy Huddleston, Healing Faster for Surgery, for patients [who are] pre-surgery or undergoing chemo and radiation (as well as other applications), using relaxation and visualization as tools to empower them through the process. It is life changing and hospitals see measurable results. carcanuck@aol.com

1960s

Hasan Birk BScN '69
I'm semi-retired, working part-time in the field of travel health/medicine. I do consults and make recommendations regarding vaccines, malaria prophylaxis, altitude illness and travellers' diarrhea. I administer the vaccines and provide the appropriate prescriptions. I have a Certificate of Travel Health issued by the International Society of Travel Medicine and a master's degree in Nursing from the University of Alberta. I love the field and most of my reading pertains to travel and tropical medicine. I believe that my background in nursing and my many years in public health nursing make me aware of the perspective of travellers, particularly their concerns about travel to other countries or their anxieties about receiving injections.

Lorene M. Freeman BN '69
Retired but involved with a not-for profit organization in Uganda that provides development education to doctors and nurses, offering a diploma and a bachelor's degree in Health Administration. l.freeman@shaw.ca

Patricia Leblanc BN '69
Retired from education — non-nursing.

Quita Mae Mcleod-Stuart BN '69
Currently working in education.

Kathy Murphy BScN '68
Our church Open Sanctuary program welcomed 1,236 people from 42 countries in a 15-day period [during the 2010 Winter Olympics, held in Vancouver]. . . . There were at least two McGillians of note who took part [in the Olympics]. William Shatner [spoke at] the closing ceremonies about what it is like to be a Canadian, and the Canadian hockey coach had his McGill tie on every day the team played.

Colleagues Wendy Higden *(left)* and Beverly Rowat celebrate their retirement at the School's year-end party, spring 2010.

Elizabeth Millham BN '67
Retired.

Anita Mountjoy BN '66
Working as a volunteer on the Palliative Care Unit at the Montreal General Hospital two mornings a week.

M. Gail Carson BN '65
Retired for the past 10 years.

John E. S. Froggatt BN '65
Retired. Have a patented homeopathic wound/skin-care product that is [expected to] be marketed later this year.

Beverly Rowat BScN '65
Retired from the McGill School of Nursing on May 31, 2010. Enjoying every moment. beverly.rowat@mcgill.ca

Marylou Ware BN '65
Retired and volunteering with several NGOs and the local hospital. marylouware@hotmail.com

Ruby Lena Wotherspoon BN '65
Retired.

Denyse (Melville) Nelson BScN '64
I still work in nursing. I have been a VON nurse in King's County, Nova Scotia, for the last 12 years. We do in-home patient care in all nursing disciplines, from IV therapy to wound care to home dialysis to palliative care, often all in one day.

Evelyn Malowany MScA '63
Retired. Doing some volunteer work. Focusing on good health habits. evelyn@malowany.ca

Marilynn Olivia Simmons BScN '63
Retired. redmos@logic.bm

IN MEMORIAM

Vivian B. Kirkpatrick BN '52
Vivian passed away on August 8, 2008.

Susan Elizabeth Sanford BScN '75
We have word that Susan recently passed away.

Jill (Corthorn) Whitbread BScN '69
Jill died on January 6, 2010, of complications following surgery for a brain tumour. After receiving her BScN at McGill, Jill went on to earn an MBA at the University of Ottawa in 1979. She served with the Public Service of Canada for more than 30 years, most recently as Senior Financial Analyst with the Canada Revenue Agency. She retired in 2006. Jill leaves behind her husband, David Whitbread, daughter Corinne Coupland and grandson Nicolas.

Colleen Wilkin Dip Nurs '61
Colleen died recently but we have no details at this time.

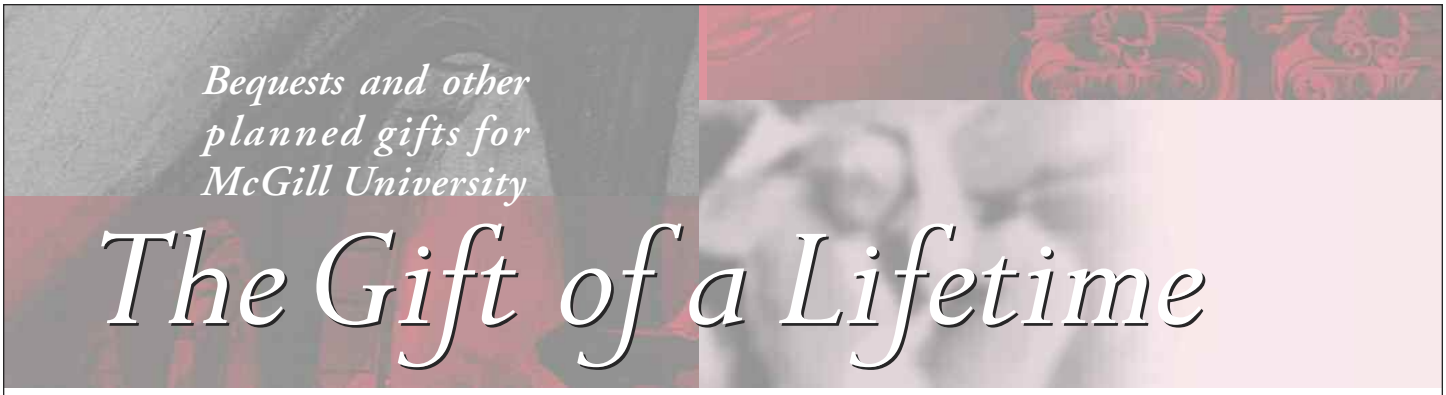
Deborah Ann (O'Neill) Wrong BScN '74
Deborah died peacefully on Christmas Eve 2009 surrounded by her husband, Ian, and daughters Kathryn, Erin, Christine and Lindsay. She was in her 58th year. Deborah was a proud graduate of the School of Nursing and was known as a skilled and valued long-term-care administrator.

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, postal address, telephone number(s) 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/**



The McGill University 1821 Society

McGill takes great care to acknowledge and show its appreciation for every donation to the University. Planned gifts, however, often go unrecognized while the donor is alive because the University is not aware of the gift.

If you have made a provision for McGill in your estate plans, we invite you to join the McGill University 1821 Society. Bequests and other planned gifts have always played a vital role in helping to ensure that McGill remains strong. The Society is named for the very first such gift, made by fur merchant James McGill, which resulted in the creation of the University itself in 1821.

Members of the 1821 Society receive a certificate of membership signed by the Principal, a commemorative pin, and access to special seminars and lectures on estate planning.

McGill

For more information:

McGill University
Bequests and Planned Gifts
1430 Peel Street
Montreal, Quebec H3A 3T3
Canada

plannedgifts.dev@mcgill.ca
tel.: 514.398.3560
fax: 514.398.8012
1.800.567.5175

www.mcgill.ca/alumni-planned