

Issue 37—Fall 2012

# The Heart Le Coeur

Newsletter of the McGill  
School of Nursing Community

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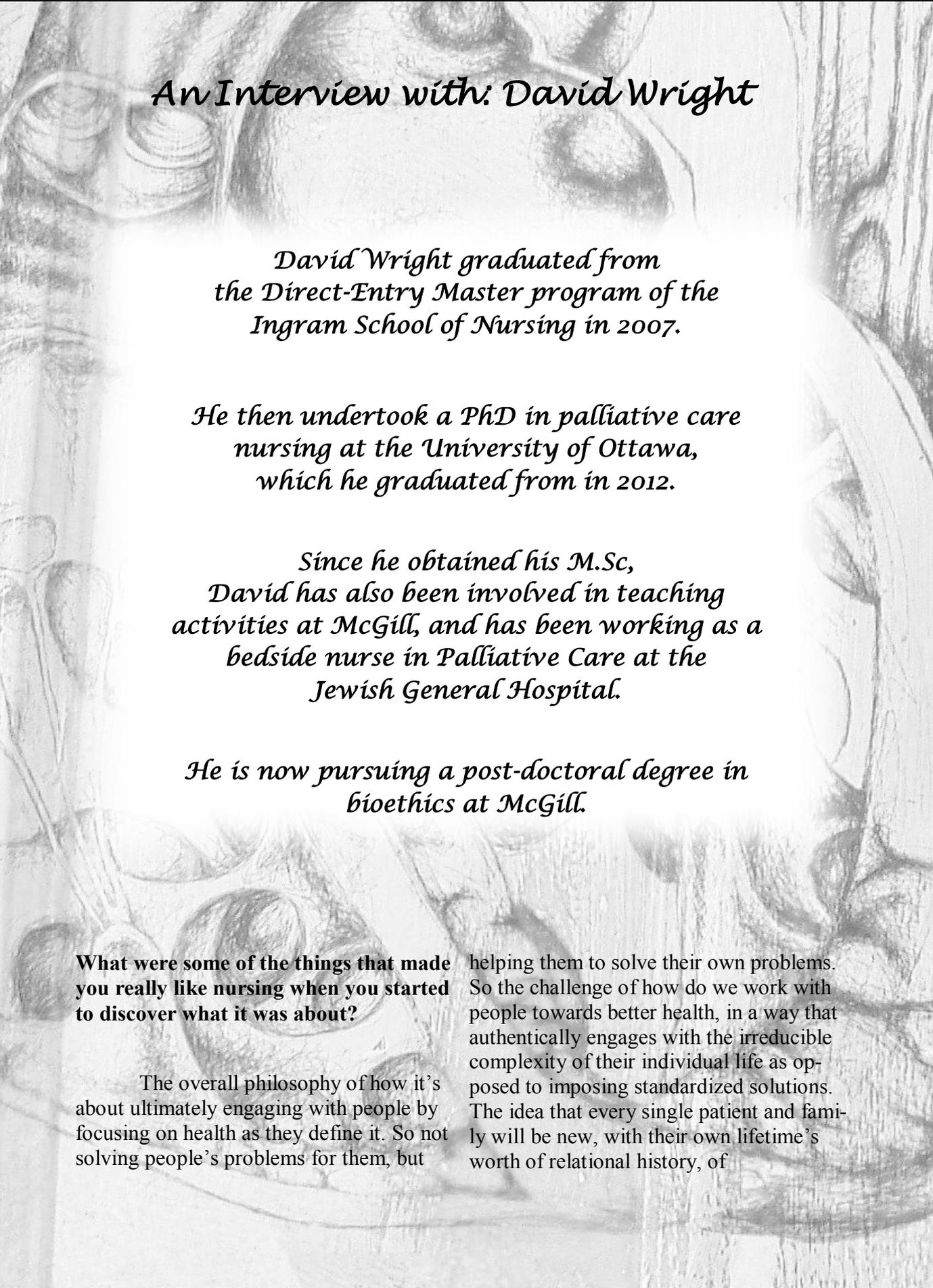
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## *An Interview with: David Wright*

*David Wright graduated from the Direct-Entry Master program of the Ingram School of Nursing in 2007.*

*He then undertook a PhD in palliative care nursing at the University of Ottawa, which he graduated from in 2012.*

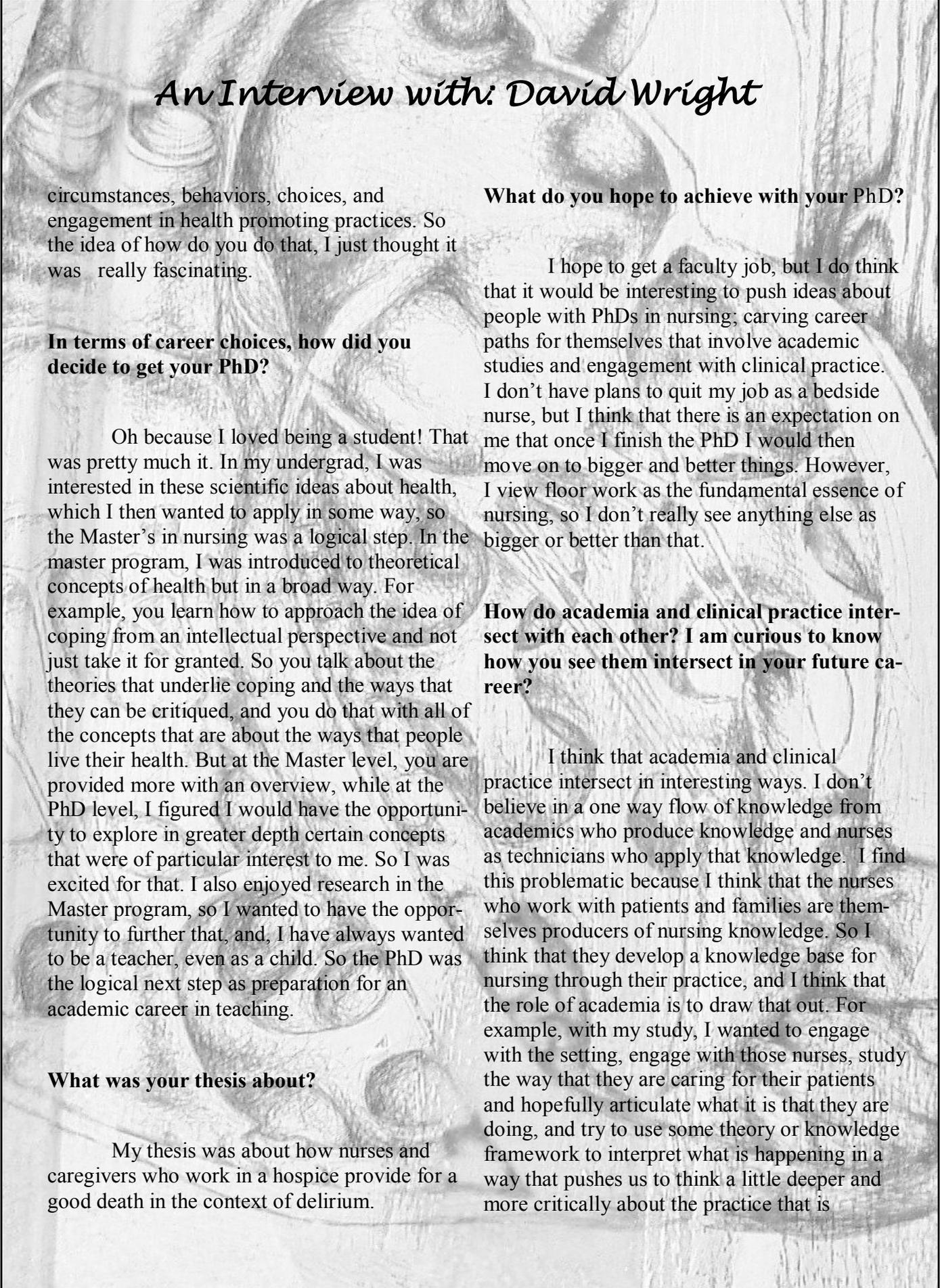
*Since he obtained his M.Sc, David has also been involved in teaching activities at McGill, and has been working as a bedside nurse in Palliative Care at the Jewish General Hospital.*

*He is now pursuing a post-doctoral degree in bioethics at McGill.*

**What were some of the things that made you really like nursing when you started to discover what it was about?**

The overall philosophy of how it's about ultimately engaging with people by focusing on health as they define it. So not solving people's problems for them, but

helping them to solve their own problems. So the challenge of how do we work with people towards better health, in a way that authentically engages with the irreducible complexity of their individual life as opposed to imposing standardized solutions. The idea that every single patient and family will be new, with their own lifetime's worth of relational history, of



## *An Interview with: David Wright*

circumstances, behaviors, choices, and engagement in health promoting practices. So the idea of how do you do that, I just thought it was really fascinating.

### **In terms of career choices, how did you decide to get your PhD?**

Oh because I loved being a student! That was pretty much it. In my undergrad, I was interested in these scientific ideas about health, which I then wanted to apply in some way, so the Master's in nursing was a logical step. In the master program, I was introduced to theoretical concepts of health but in a broad way. For example, you learn how to approach the idea of coping from an intellectual perspective and not just take it for granted. So you talk about the theories that underlie coping and the ways that they can be critiqued, and you do that with all of the concepts that are about the ways that people live their health. But at the Master level, you are provided more with an overview, while at the PhD level, I figured I would have the opportunity to explore in greater depth certain concepts that were of particular interest to me. So I was excited for that. I also enjoyed research in the Master program, so I wanted to have the opportunity to further that, and, I have always wanted to be a teacher, even as a child. So the PhD was the logical next step as preparation for an academic career in teaching.

### **What was your thesis about?**

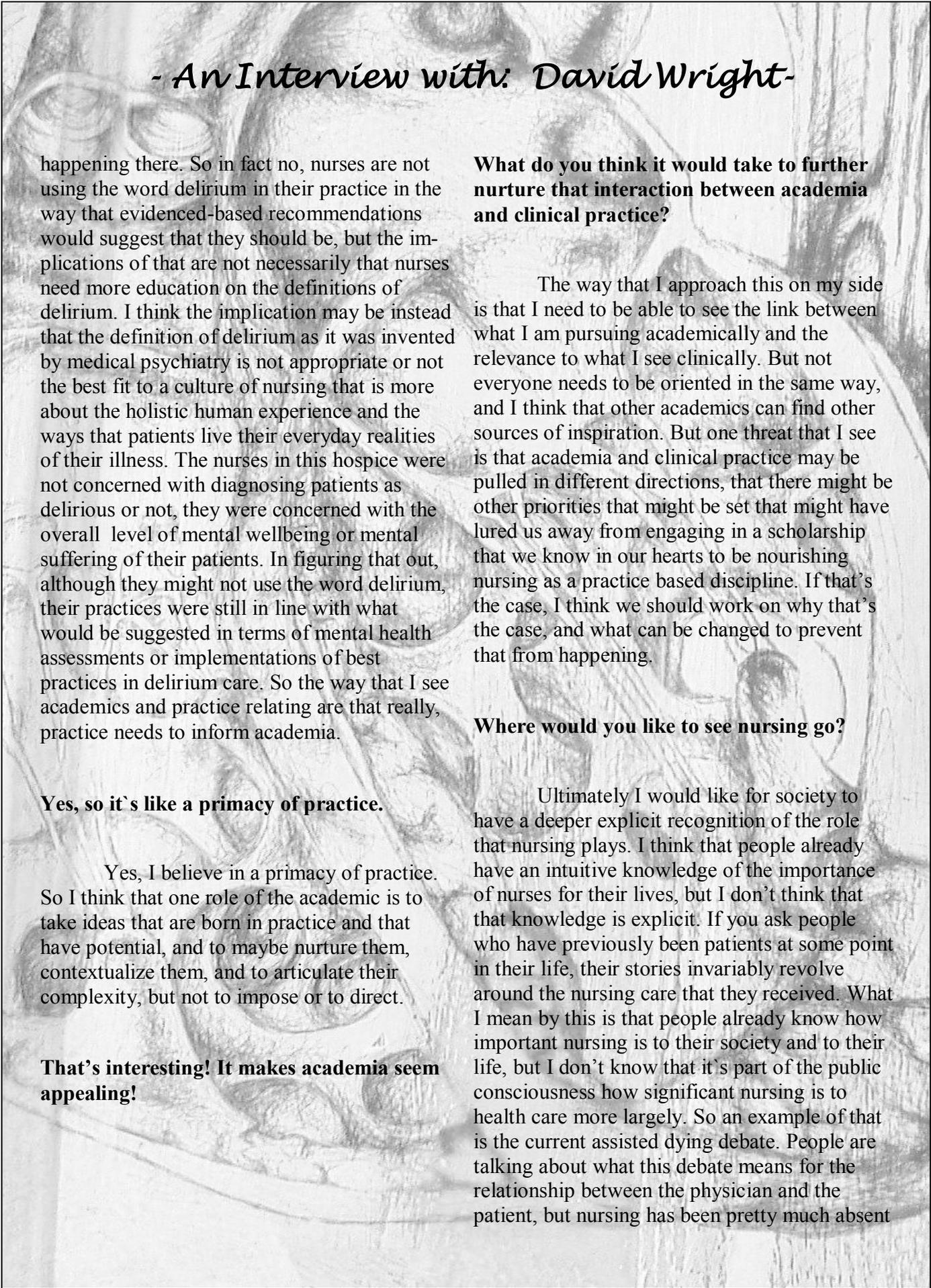
My thesis was about how nurses and caregivers who work in a hospice provide for a good death in the context of delirium.

### **What do you hope to achieve with your PhD?**

I hope to get a faculty job, but I do think that it would be interesting to push ideas about people with PhDs in nursing; carving career paths for themselves that involve academic studies and engagement with clinical practice. I don't have plans to quit my job as a bedside nurse, but I think that there is an expectation on me that once I finish the PhD I would then move on to bigger and better things. However, I view floor work as the fundamental essence of nursing, so I don't really see anything else as bigger or better than that.

### **How do academia and clinical practice intersect with each other? I am curious to know how you see them intersect in your future career?**

I think that academia and clinical practice intersect in interesting ways. I don't believe in a one way flow of knowledge from academics who produce knowledge and nurses as technicians who apply that knowledge. I find this problematic because I think that the nurses who work with patients and families are themselves producers of nursing knowledge. So I think that they develop a knowledge base for nursing through their practice, and I think that the role of academia is to draw that out. For example, with my study, I wanted to engage with the setting, engage with those nurses, study the way that they are caring for their patients and hopefully articulate what it is that they are doing, and try to use some theory or knowledge framework to interpret what is happening in a way that pushes us to think a little deeper and more critically about the practice that is



## *- An Interview with: David Wright -*

happening there. So in fact no, nurses are not using the word delirium in their practice in the way that evidenced-based recommendations would suggest that they should be, but the implications of that are not necessarily that nurses need more education on the definitions of delirium. I think the implication may be instead that the definition of delirium as it was invented by medical psychiatry is not appropriate or not the best fit to a culture of nursing that is more about the holistic human experience and the ways that patients live their everyday realities of their illness. The nurses in this hospice were not concerned with diagnosing patients as delirious or not, they were concerned with the overall level of mental wellbeing or mental suffering of their patients. In figuring that out, although they might not use the word delirium, their practices were still in line with what would be suggested in terms of mental health assessments or implementations of best practices in delirium care. So the way that I see academics and practice relating are that really, practice needs to inform academia.

**Yes, so it's like a primacy of practice.**

Yes, I believe in a primacy of practice. So I think that one role of the academic is to take ideas that are born in practice and that have potential, and to maybe nurture them, contextualize them, and to articulate their complexity, but not to impose or to direct.

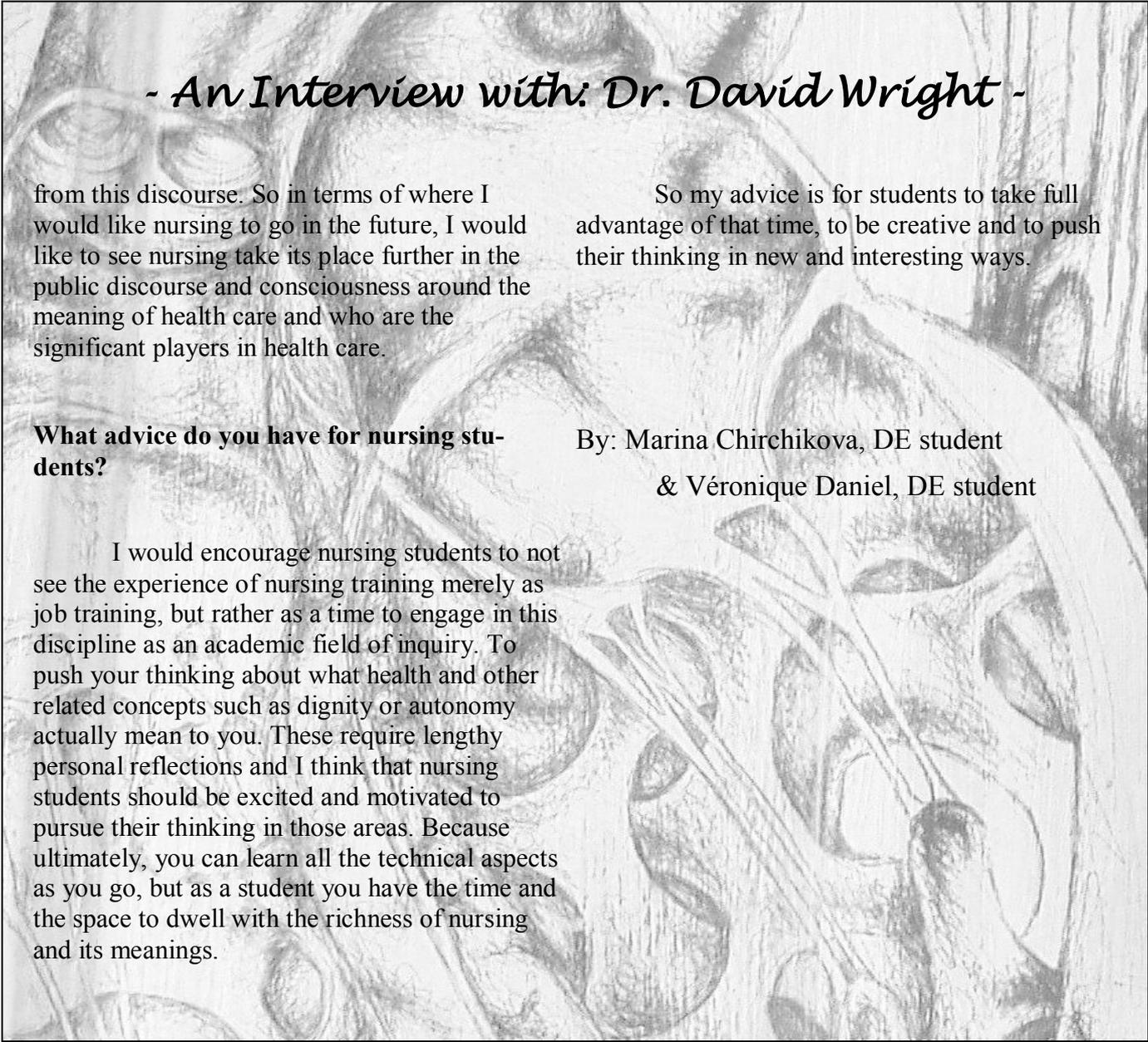
**That's interesting! It makes academia seem appealing!**

**What do you think it would take to further nurture that interaction between academia and clinical practice?**

The way that I approach this on my side is that I need to be able to see the link between what I am pursuing academically and the relevance to what I see clinically. But not everyone needs to be oriented in the same way, and I think that other academics can find other sources of inspiration. But one threat that I see is that academia and clinical practice may be pulled in different directions, that there might be other priorities that might be set that might have lured us away from engaging in a scholarship that we know in our hearts to be nourishing nursing as a practice based discipline. If that's the case, I think we should work on why that's the case, and what can be changed to prevent that from happening.

**Where would you like to see nursing go?**

Ultimately I would like for society to have a deeper explicit recognition of the role that nursing plays. I think that people already have an intuitive knowledge of the importance of nurses for their lives, but I don't think that that knowledge is explicit. If you ask people who have previously been patients at some point in their life, their stories invariably revolve around the nursing care that they received. What I mean by this is that people already know how important nursing is to their society and to their life, but I don't know that it's part of the public consciousness how significant nursing is to health care more largely. So an example of that is the current assisted dying debate. People are talking about what this debate means for the relationship between the physician and the patient, but nursing has been pretty much absent



## - An Interview with: Dr. David Wright -

from this discourse. So in terms of where I would like nursing to go in the future, I would like to see nursing take its place further in the public discourse and consciousness around the meaning of health care and who are the significant players in health care.

### **What advice do you have for nursing students?**

I would encourage nursing students to not see the experience of nursing training merely as job training, but rather as a time to engage in this discipline as an academic field of inquiry. To push your thinking about what health and other related concepts such as dignity or autonomy actually mean to you. These require lengthy personal reflections and I think that nursing students should be excited and motivated to pursue their thinking in those areas. Because ultimately, you can learn all the technical aspects as you go, but as a student you have the time and the space to dwell with the richness of nursing and its meanings.

So my advice is for students to take full advantage of that time, to be creative and to push their thinking in new and interesting ways.

By: Marina Chirchikova, DE student  
& Véronique Daniel, DE student

The Heart—*Le Coeur* is published by students and affiliates of the graduate program at the McGill School of Nursing.

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[www.mcgill.ca/nursing/alumni](http://www.mcgill.ca/nursing/alumni).

Comments, questions and concerns can be sent to [theheart.lecoeur.nursing@mail.mcgill.ca](mailto:theheart.lecoeur.nursing@mail.mcgill.ca)

Thanks to all the contributors who made this issue possible.

The Heart editor  
Véronique Daniel

## *Global Snapshot:*

### *Letters from Students Abroad*

**“You know you might be spending your term in Nepal when...”**

*By Safiqa Kara & Barb Harvey – GHS students*

*International Organization for Migration In Damak, Nepal*

- ~ A sudden heavy rainstorm brings screams of delight from behind your flat, as some of your young neighbors are shoed outside to bathe in the downpour. ~
- ~ There is no such thing as a bus that is too full to take one more passenger. The more, the merrier! (Even if that means sitting in someone’s lap, hanging out the door, holding unknown (to you) babies, or - our personal favourite - sitting in the best seat in the house, on the roof). ~
- ~ Instead of being greeted with “How are you?”, friends ask “Have you eaten?” or “Have you taken rice?” ~



**"A woman from Beldangi-I, one of the seven refugee camps in the western lowlands of Nepal, heading, for market. Around 110,000 Bhutanese live in these camps after they were forcefully evacuated from their home land in 1990. "(1)**

## *Global Snapshot:*

### *Letters from Students Abroad*

- ~ Everyone in town knows where you live, how much you pay as rent, what you buy at the market, where you are from, how long you are here for... ~
- ~ That funny smell drifting in the window is smoke from the only real option for garbage disposal locally - we're talking burning, folks. ~
- ~ Festival season never, ever ends...And includes festivals celebrating the end of festivals... ~



**"Generations: A child in the left is born in the camp. Since it has been more than 18 years, many young refugee don't know how their homeland looks like except the stories they hear from their elders." (1)**

- 
- ~ Flagging a cab home isn't an option, but you can find a rickshaw pretty much anytime of day if you would rather not hoof it. ~
  - ~ Your landlord and his family wander into your apartment at all hours of the day, sometimes just to look around, sometimes to show visiting guests around, sometimes to look in your fridge... ~
  - ~ You deal with bandhs (general strikes) instead of snow days - both can be inconvenient, but both can result in unexpected "days off". ~

## *Global Snapshot:*

### *Letters from Students Abroad*

- ~ You and your computer are the targets for a constant downpour of dive bombing beetles during the rice harvest. ~
- ~ You neighbors are “Nepali surfing” (plowing their field with a an ox and a plank of wood) in their backyards. ~
- ~ When you hear someone singing off-key Pearl Jam in the distance amidst the sounds of drums, motorcycles and prayer bells. ~
- ~ When you awake to the sound of roosters crowing, geckos chirping and cow’s moo-ing and don’t even notice... OR when friends and family over skype ask you if they just heard a cow or rooster in the background. ~
- ~ When you are awkwardly stopped and greeted NAMASTE in the street by complete strangers..... ~



**"A women in the kitchen inside a hut in Sanischare camp."(1)**

- ~ Your landlord locks the gate outside your apartment, forcing you to ring the bell when you arrive home at 7 pm. OR locks you in to the apartment early in the morning while she goes and chats with the neighbours. ~
- ~ You notice a drastic decrease in the local goat population after peak festival season..... ~

## *Global Snapshot:*

### *Letters from Students Abroad*

~ Geckos quickly become your best friends, primarily because of their large insect consumption....except when they decide to build a new home inside the office photocopier.

~ You sleep inside a mesh mosquito tent (that's been decorated with fancy lace & bows!) perched on top your bed. ~

~ You can do a massive grocery shop for less than \$5 CDN. ~



**"Interior of a hut in the Sanischare camp" (1)**

(1) Photos source: <http://www.lightstalkers.org/images/>

#### **Safiqa Research Purpose:**

To identify the Tuberculosis related Knowledge, Attitudes and Practices in the Bhutanese Refugee living in the four UNHCR refugee camps in Eastern Nepal.

#### **Barbs Research Purpose:**

To better understand why residents of the Beldangi and Sanischare refugee camps who have completed a drug abuse rehabilitation program do and do not subsequently relapse to drug abuse.

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