

The Heart Le Coeur

Newsletter of the McGill
School of Nursing Community

Communiqué de la communauté de
l'École des sciences infirmières de McGill

Médecins du Monde: Clinic Caring

SASHA DYCK, MSC(A) II DIRECT-ENTRY

“**H**ave you been eating? Are you sleeping okay?” As the client describes the ache in her shoulder, Colombe Grenier is trying to get a health overview. “I often start a visit with a client by asking when they last slept, and when they last ate,” she explains later. “You’d be surprised at the number of people who don’t consider that important.”

Grenier is a street nurse with Médecins du Monde, and is working at the organization’s weekly drop-in clinic in the Native Friendship Centre on lower Saint-Laurent Boulevard. She does not know her clients’ names; she doesn’t know their addresses, or if they even have any. She only knows the pseudonyms that they offer—she has treated such characters as Superman and Batman—and for her records, that is enough.



“Gaining trust is key,” explains Grenier. For her and her clients, many of whom are wary of health professionals, establishing trust means avoiding questions that aren’t directly health-related. “Really, [trust] is our only obstacle to care. They come to us; we leave them alone if they say they are fine. So when they do come, we take them seriously.” Trust also means treating each other with respect. “One thing about street people is that when you’re honest with them, they are remarkably honest with you.”

See *Médecins du Monde*, page 6



Message from the Staff

We would like to take this opportunity to announce the members of your newsletter team for this academic year: Kaitlin Ames (MScII, Co-editor), Kevin Smith (MScII, Co-editor), and Amanda Cervantes (MScII, Layout and Design). We are very excited to be a part of this special 30th is-

sue of the newsletter, and to also wish The Heart – Le Coeur a Happy 10th Birthday. It is very inspiring to see that a student-led newsletter has carried on over the years. Soon you will be able to find all previous issues on-line at the SON website, as we are scanning them.

Creating a Positive Work Environment

KEVIN SMITH, MSc(A) II (NURSE ENTRY)

The topic for my first editorial was inspired by my recent experience working this past summer at the University of California – San Francisco (UCSF) Medical Center. The orientation there included a session about the importance of creating a positive working environment. This session was attended by all new employees ranging from individuals who would be working in the mail-room to those who would be working in management. My first thought was: “Are they really going to talk to us about this today? I know how to interact with my patients and colleagues in a professional manner.” Despite my reservations, I went along and participated fully in the activity. The session facilitator had all audience members engage in exercises ranging from answering the phone, to greeting a patient and family member for the first time, to talking with a fellow employee in the hallway. The un-

derlying theme of all these activities was to make us think about how all these everyday encounters can make a big impact on our work environment. There is such great benefit to creating a positive work environment, particularly regarding clinical practice. When engaging in everyday encounters, many of which were are stressful, it makes all the difference when co-workers treat each other with respect.

From their many workplaces -- at the bedside and in the classroom, in the community and in government – nurses are facing social, economic and political challenges. Nonetheless, at this difficult time especially, I believe it is important for nurses, and all individuals involved with health care, to keep respect foremost in their minds. In the corridors of hospitals, office buildings, and higher learning institutions, this simple courtesy can transform the everyday working experience in a most positive way.

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

The goal of *The Heart – Le Coeur* is to contribute to the McGill School of Nursing community by providing its members with an opportunity to communicate their interests, achievements and concerns to each other, and to other interested persons.

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For access to this and archived issues of *The Heart – Le Coeur*, please see the link on the School of Nursing Alumni page at www.mcgill.ca/nursing/alumni.

Comments, questions, and concerns can be sent to the-heart.lecoeur.nursing@mail.mcgill.ca.

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Thanks to all the contributors who made this issue possible.

Happy Birthday to *The Heart-Le Coeur*!

DR. LAURIE GOTTLIEB, PROFESSOR MCGILL SCHOOL OF NURSING

There is always much excitement and anticipation surrounding a new idea, a new initiative, and all new initiatives begin with the vision of a few. The vision represents a potential—what is possible but has yet to be realized. Investors buy potential but only reinvest when the potential is realized. As the saying in the business world goes, The Heart-Le Coeur has fulfilled its potential and exceeded expectations. It has been a wise and sound investment that has yielded rich and steady dividends.

It is difficult to believe that it is was 10 years ago that a few students came to my office, when I was Director of the School of Nursing, with a kernel of an idea to start two School newsletters—one for the undergraduate students and the other for the graduate students. They envisioned a newsletter that would report on School events. When they left my office an hour or so later—the two newsletters had metamorphosed into one that would transcend programs, and would also be a bridge between the School, the MUHC, and the MUHC-affiliated community.

How did this happen and why? The creation of The Heart-Le Coeur needs to be placed in the context of its time. This period in the School's history was a time of re-visioning the School's direction, and experimenting with new structures. The student body was much smaller then. It was a period of severe budget cuts, downsizing, and limited resources (what else is new?). The challenge for us then was how to maintain the School's high educational standards with its different program offerings, yet while doing so with fewer and fewer faculty and very limited physical resources. A few years earlier a committee had recommended a new organizational structure for the school that would

more closely integrate undergraduate and graduate programs and improve collaboration between School of Nursing-based faculty and our clinical partners. Under my directorship, the faculty undertook the bold step to operationalize the ideas of this report. We brought the administration of the undergraduate and graduate programs together under one umbrella (for example, one admissions committee, one standing and promotions committee, one curriculum council). With our clinical

partners, we set out to create academic nursing by “breaking down” walls between these two organizations, and developing a “virtual” faculty between the university and our clinical settings. With this as the vision and prevailing mindset, one paper that both transcended programs, and that would bring the McGill nursing community together was the obvious way to go--- and so The Heart-Le Coeur was born.

By their very nature, startups are difficult. They require a lot of energy to initialize, and even more to keep them going. Many startups fail because the originators fail to transmit or convince others to take up the cause. What is unique about The Heart-Le Coeur is that the vision has remained, the goals continue to be met, and the passion to carry on replenished. Each successive cohort of students has taken up the challenge of producing a first-rate newsletter. They have reinvented, innovated, and put their unique stamp for others to build on.

It takes vision, passion, energy, and guts to get something off the ground, and it takes these same qualities plus courage and commitment to keep an entity going. The Heart-Le Coeur has become an integral part of the School's identity and speaks volumes of the dedicated, talented, and committed students and faculty who directly and indirectly.

“...the vision has remained, the goals continue to be met, and the passion to carry on replenished”

Nursing Students Contribute to Global Health

NAOMI BURTON-MACLEOD, MSC(A) DIRECT-ENTRY

Vision, initiative, collaboration—buzzwords for success. Stemming from a committed group of students passionate about global health, these attributes transformed into McGill's first Global Health Course. The vision for an introductory global health course as a consistent component of nursing and medical education was sparked at McGill's Beyond Borders Conference in the spring of 2007. Students from the Faculty of Medicine drafted a course proposal and soon had enlisted support from both the School of Nursing and the Department of Family Medicine. Collaboration was evident with an interdisciplinary team of students forming work groups that refined the proposed course con-

tent, recruited lecturers, created a course website, prepared for program evaluation and marketed the course to students and faculty.

The result? By the winter semester of 2008 the course was ready to be launched.

Starting in January and proceeding over a period of nine weeks, 11 lectures were held covering a range of topics including: global nutrition, demographics and epidemiological transitions, Aboriginal health, maternal and child health, migration and immigration impacts on health, international law and public health and the ethics of humanitarian work. Lectures took various forms including a pharmaceutical panel, discussion of case studies and field reports. In total, 79 nursing and medical students com-

See *Global Health*, page 5

Promoting Access to Healthcare Half a World Away

FARRAMINAH FRANCIS (MSCII) ON HER SUMMER IN MALI, AFRICA

Mali was such an unforgettable adventure! Putting McGill and an externship aside from June 1st to August 20th, I packed my bags in a day and flew to Mali with a group of 6 women as a volunteer of Canadian Crossroads International. I had never travelled, other than to the United States, and had no idea what to expect. It is hard to summarize 75 days, so easy to say too little and tempting to say too much. Nonetheless, I tried to answer a few of the common questions I have been asked since I have come back...

Where exactly were you?

One of the largest regions of Mali is Ségou. Kéméni, was the village in which we stayed. It is the largest of a set of 11 villages that made up the commune de Kéméni. These 11 villages were in what is called the circle of Bla, and this

circle is in the region of Ségou. In other words, we were 5 “good-road-hours” away from Bamako, the country’s capital.

What did you do in Mali??

In Kéméni, we worked approximately 6-hour days 6 days per week. Our mandate was to work with the local community, specifically, 12 individuals who were elected by the population to ensure the proper functioning of the Mutual Health Organization (MHO). During the first ½ of our stay, we brainstormed with our Malian partners about questionnaire questions that would allow us to generate an adequate picture of the current state of the MHO. We created 8 tailored semi-structured questionnaires, geared towards obtaining the perception of the MHO by each group we planned to interview. We

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Learning to Lead

KEVIN SMITH, MSc(A) II (NURSE ENTRY)

The Quebec and Canadian health care systems face many social, political, and economic challenges. Nurses are the largest group of health care professionals and are in a unique position to contribute to the necessary solutions to address these issues. Nursing Service Administration is an ever-growing and forward-thinking field of research and study. Investigators seek to develop a knowledge base to assist nurse administrators and other health care executives to make effective evidence-based administrative decisions. Working in partnership with health care decision-makers, universities and all levels of government, these investigators aim to find solutions to the issues and challenges facing nursing and the health care system as a whole. This is a very exciting field of study that seeks to enhance the quality of a nurse's work environ-

ment, and the Quebec and Canadian health care systems, with the fundamental goal to improve the quality of care and outcomes for the public. Some of the many interesting areas of research include patient safety, healthy work environments, and knowledge transfer.

The McGill University School of Nursing is now offering an exciting opportunity, with the Masters of Science (Applied) Administration Stream, in which students have the opportunity to learn advanced nursing, administrative and management knowledge. In addition, there is a unique partnership with the Centre FERASI offering many learning opportunities. For more information, please contact Dr. Melanie Lavoie-Tremblay (melanie.lavoie-tremblay@mcgill.ca) or visit the FERASI website at <http://www.ferasi.umontreal.ca/>.

Global Health, from page 4

pleted the course and provided strong course feedback where an increased knowledge base and anticipated impact on practice both in Canada and abroad were reported.

Already, the success of this course has been acknowledged through the McGill Forces AVENIR Award and has been nominated to the Québec level award competition. Taking it full circle, the student coordinators of the course—Jacqueline Bocking (MSc(A) Direct Entry) and Reena Pattani (Medical Student)—will be presenting this initiative at an expanded version of the conference where the inspiration for the course was

first sparked. This success shows no signs of abating with ongoing work to refine the course for 2008/2009 school year and plans to expand

registration to include students from Physical and Occupational Therapy. Beyond buzzwords, this student-initiative proves the power of acting collaboratively for positive change in healthcare curriculum.

The course website featuring further information including the course proposal and lecturer biographies can be accessed at: [http://](http://www.medicine.mcgill.ca/globalhealthcourse/aboutthecourse.html)

www.medicine.mcgill.ca/globalhealthcourse/aboutthecourse.html



Reena Pattani and Jacqueline Bocking

Médecins du Monde, from page 1

After her initial assessment Grenier offers the client some Advil, and while she takes it Grenier massages the shoulder with cream. The tension quickly eases from the client's face. She tells Grenier that her shoulder has been worse since she started shoveling the walk at her new apartment. She also mentions that the building's water heater has been broken for weeks, and that she comes to the Centre to wash up. Grenier tells her that the landlord is required to provide hot water. Her client nods. Grenier gives her an ice pack and the number of the closest CLSC, in case of future pains.

Both populations that frequent the clinic—Native and street people—are often thrust to society's margins. As a result they have suffered multiple abuses at the hands of authorities, including healthcare workers. People living on the street report to the clinic's nurses that they are disrespected and maltreated in the hospital system, and are afraid to return. Native people talk about the health researchers who used their communities for data and left them with nothing, while the older ones tell stories of horror from their time in residential schools.

Grenier, who has been working at the clinic since December 2004, feels that she has gained her clients' trust through her commitment and consistency. She describes one older client who took a long time to feel safe approaching her. "He said, 'I've been checking you out for nine months and you haven't left, so I'm going to talk to you,'" she remembers with a laugh. "They are all surprised that I'm staying!"

While she recognizes that the clinic is the primary health resource for most of her clients, Grenier is adamant that the goal is not to create a parallel health system based on socio-economic status. "We want to integrate these clients into the main system," she states. "That is why we will not do follow-up, and why we focus on immediate care and referrals."

Grenier has worked with Native populations in Northern Ontario, as well as in the resource-poor settings of Haiti and Afghanistan (with *Médecins sans frontières*). She runs clinics for *Médecins du Monde* in other Montreal organizations, such as sex-worker collective Stella, and does street nursing downtown. Her practice draws heavily on all these experiences, as well as her early training as an occupational therapist. "You can't just go out of nursing school and get into this work," she warns. "You need a solid background in the hospital, in the clinics. This will make your intuition better and develop your assessment and clinical skills."

CLINIC NURSE ROLES

HEALTH PROMOTION

"The basics...Eating and sleeping, taking care of yourself."

SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS

WOUNDS

"There are many fights, and they'll come here to get patched up...We are their first resource. They feel safe coming here because we don't ask too many questions; only those relevant to their care."

HEPATITIS VACCINATIONS

ACCOMPANIMENT

"I offer to accompany them to the ER, to the clinic. Sometimes we write letter of referral, with our logo and telephone numbers, because that can help them get care."

JUST TO TALK

"I have some people who are just lonely or depressed or want to talk about what's going on. I don't pretend to be a psychiatrist – I have no training in that – but I can at least build a therapeutic relationship with them, and offer a listening ear. So I will sit down and say 'OK, we have 20 minutes. I'm all yours'. And they appreciate that."

REPRODUCTIVE HEALTH

The clinic has a physician on site once a month, and offers referrals to a wide range of health and social service providers. Nurses sometimes accompany clients to their first appointment, but count on them to set it up themselves. And after the first appointment they try not to get involved. "We want to help them to take charge of their own health," Grenier says. Despite their best efforts, she knows that some will return to the clinic again and again. "While we wish they were all in the system, we know that some of them will never make it there." This is the paradox of working in the clinic, she jokes. "We would rather not be in business!"

Mali, from page 4

then performed 20 interviews. Some of these interviews were with a group of 43 individuals and others were one-on-one. At all times we worked with a translator who was involved with us from the beginning to the end. We compiled this data and produced a report (35 pages!) and used the solutions proposed by the interviewees to shape the activities we would do. These activities were a tour of the villages with the elected body of the MHO and the planning of training sessions for all those involved in the dissemination of information regarding the MHO.

What is a MHO or "Community health insurance"?

A mutual health organization (MHO) is intended to be a non-profit autonomous community organisation promoting solidarity, health-care prevention, and democracy. Issues related to coverage and costs as well as governance are discussed within the context of a general assembly, to which all members are invited and have equal say. In other words, people who have chosen to adhere to the community health insurance contribute an annual or a bi-annual amount to the MHO and participate in decisions regarding its functioning. This amount that an individual contributes for himself or for a family member serves to cover healthcare costs when there is an illness. Let's also note that this promotes the use of the healthcare dispensary.

What did it look and feel like?

In Kéméni, the weather can be quite intense. It was incredibly dry and hot (39 degrees Celsius on an average day, 28 degrees Celsius at night); however, when it rained, it rained torrentially. There was no running water, but there were

accessible pumps (a luxury) and wells. There was no electricity, so take away the oven, the refrigerator, the plugs, the lines, the laptop or computer- no electricity! Vaccines and certain medicines were kept cold using hydrogen



Farrah with her colleagues in Mali

power sources; 3-4 families (out of 300) had access to these. Solar power sources were also available and used for such things as powering the small black and white TV, for 45 minutes, on which 50 people (mostly children) came to see "Au coeur du péché", the main soap opera at 7 pm in the evenings.

What does this have to do with nursing?

Cotton is the main crop of cultivators of Kéméni. When it rains insufficiently, or when the prices offered by the international community for the cotton are unfair (i.e. inadequately cover the expenses), families are left with very little money, which is an immense barrier to healthcare access. Labour and delivery complications and respiratory infections are examples of two very important healthcare issues that people often cannot afford to go to the doctor for. Counterfeit medicines, with no labels or expiry dates, are often bought as they are less expensive than what is available at the healthcare dispensary. Statistics of the healthcare dispensary showed that only 3% of residents within the service area of the healthcare dispensary utilised it for services such as deliveries and medication purchases. The main reason for this flagrant underutilisation is cited as "poverty". The project promoted access to healthcare, prevention, community empowerment and solidarity.

In conclusion, GROSOMODO, this is what I did with myself all summer!

MSc(A) Class of 2008



Graduate Profiles

THE MSC(A) CLASS OF 2008

In their own words, literary (and pictorial) snapshots and updates from the newest batch of graduates from the School of Nursing.



Judy Bianco After graduating from Nursing in 1977 I never thought that I would return to university to continue my education. However, 17 years later I did just that and completed my undergraduate degree at the University of Ottawa. I discovered that as a nurse studying nursing, I was a much different student. My entire academic experience was fulfilling and inspiring. It was not long after that I missed the wonderful exchange of ideas and felt the urge to return to academia. These last three years have been a gift to me. Pursuing my graduate studies has allowed me the opportunity to acquire the language that lends a voice to my thoughts and beliefs about nursing. I have been in awe at the brilliance

of my fellow students and I am excited by the passion and energy they are bringing to the profession. I cannot remember ever wanting to do anything else but practice nursing. Over the years I have had many moments, both personal and professional, that have affirmed that decision. These past few years of graduate studies have served to confirm once again that I am privileged to do what I do.



Camille Boucher A Bachelor of Science, a Masters in Nursing, a life in Montreal... all things that once seemed inconceivable. Now things of the past, it is once again time to take a step forward into the unknown. Although my future endeavors remain a mystery, I must believe the words of a wise man who once said: "The important thing is to strive towards a goal which is not immediately visible. That goal is not the concern of the mind, but of the spirit." – Antoine de Saint-Exupery



Paola Brazal After graduating from Queens University with a degree in Life Sciences, I started the D.E. Masters of Nursing Program. My interest in health care and nursing specifically, developed during my experience with health education and outreach work in both Pickle Lake in Northern Ontario, and in Kato, Guayana. Currently, I work as a research assistant for Dr. Michael Pollak, in a study investigating the effects of Vitamin D and Metformin on breast and endometrium cancer. Since graduation, I have started my nursing career at SickKids in Toronto. I also enjoy baking, bacon and butter. If you know of an orphaned butcher, I would like to date him.



Naomi Burton-Macleod My time in the D.E. Masters program has not only enabled professional growth but has coincided with and contributed to a time of personal growth. Prompted in part to switch fields due to the narrowing prospects of further specialization in physiology, I now welcome the vista of professional opportunities I perceive in nursing. As a member and co-coordinator of McGill Nurses for Global Health I worked with a motivating group of students in learning about and promoting awareness around issues of health and social justice within the School of Nursing and broader community.

It was through a summer research opportunity that I was introduced to the important movement towards interprofessional education and practice and was able to help develop an interprofessional educational teaching tool. In fulfillment of the Masters program, I conducted a study along with Rashi Khare, under the direction of Althea McBean and Dr. Margaret Purden. This study evaluated the implementation of a change in approach to discharge teaching on an inpatient cardiology unit from the perspective of nurses. Throughout the projects and courses of this program, the example, encouragement and rapport among my fellow classmates have been an invaluable source of inspiration and support. Thank you

for listening, supporting, deliberating, celebrating, dancing, laughing and even swapping clothes with me! Envisioning the contributions that this class will make within healthcare and the nursing profession is exciting. In view of consolidating my clinical skills, I am happy to be currently working on the medical floor of the Montreal Children's Hospital. In addition to clinical practice, I hope to incorporate into my future trajectory further research and translation of research into practice and policy, along with education; a means to continuously push the potential of nursing.



Patrycja Chojecki Hi! My name is Patrycja Chojecki. From a young age it has always been apparent to me that I would have a future in health care. I choose to study biochemistry in my undergraduate degree at McMaster University because it satisfied my desire to learn about the body on a molecular level. However, it became evident to me that what I had been missing was the humanistic element to science. This is where my motivation to become a nurse began and led me to McGill to pursue my Masters of Nursing. Among all the maps, clinicals and field notes, my time at McGill has given me the opportunity to begin to understand what nursing is all about. Since graduation, I have packed my rubber boots and raincoat and headed to the beautiful “City of ‘Rain’bows” Prince Rupert, British Columbia where I will start my nursing career in the ER/ICU department at the regional hospital.



Ulrika Drevniok It was during one of those “what to do with your completely unmarketable Bachelor’s degree” career sessions I attended while in undergrad that I first contemplated a career in nursing. I did not meditate upon the thought for very long: my immediate reaction was a resounding “no way” and I happily went along my way, no closer to knowing what I would be doing for the rest of my life.

However, thoughts of a career in nursing continued to percolate. While in Victoria, B.C. (where one can row year-round, if one so chooses), I took some of the pre-requisites for the D.E. program. Buoyed by conversations with other nurses and with increasing knowledge of the expanding role for nurses, I eventually found myself back at McGill to begin this program. During my time at the SON, I have been privileged to work with Drs. Mélanie Lavoie-Tremblay, Antonia Arnaert, and Laurie Gottlieb on various projects. I was also the fortunate recipient of the Nessa Leckie Award and an Alumnae Award. Maternal-child health is one of my passions. My research project, under the supervision of Irene Sarasua and Valerie Frunchak at the Jewish General Hospital, investigated the factors influencing maternal decision-making on infant supplementation in-hospital. Since graduation, my husband’s academic life necessitated a move to Ottawa and I have started working at the University of Ottawa’s Institute for Mental Health Research at the Royal Ottawa Healthcare Group as a Research Coordinator. Eventually, I hope to continue, clinically and in research, in the field of maternal-child health. If you cannot find me at the hospital, please look for me at the boathouse. I am so pleased to be on the cusp of joining such an outstanding profession!



Sasha Dyck A native Montrealer, I attended FACE school for 12 happy and music-filled years. I left for Goshen College, in Indiana, to find adventure and learn more about my Mennonite heritage. I did so, and returned with a BA in Molecular Biology and a burgeoning interest in international public health. I assumed I would have to become a physician to work in that field, so I was happily surprised to hear about the D.E. program at McGill. While I had never considered nursing as a career choice, it certainly made a lot of sense. Two of my life's great inspirations -- my mother and grandmother -- were nurses who joined their passions for nursing and peace while working abroad. I am quite honoured to carry on this proud family tradition. Currently I am studying the family carer experience on an inpatient hematology-oncology unit, with guidance from Marika Swidzinski at the RVH and Robin Cohen at the JGH.



Agnes Dzialo I am from St. Catharines, Ontario and my undergraduate degree was in Biochemistry at Queen's University. Over the years I have developed a passion for gerontological nursing and I am especially drawn to caring for those suffering from dementia and supporting their family members. During the Masters program worked as a TA at McGill, and RA at the pulmonary oncology clinic as well as an extern on an acute geriatrics unit of the Jewish General Hospital. I also created a resource for caregivers who visit in the dementia unit at the Douglas Mental Health University Institute. Since graduation, I have moved to Toronto and am currently doing a 12-month gerontological nursing internship at Baycrest Centre for Geriatric Health. That means work as an RN on a unit 80% of my time and on an educational/research project the other 20%. I am presently on the medical unit of the hospital. I hope to one day work as a clinical nurse specialist or a nurse practitioner in dementia nursing. These past three years in Montreal have also been a wonderful opportunity for me to engage in youth leadership, to continue learning French and to develop an interest in the culinary arts :) To those of you who have been such an encouragement to me throughout the program, you know who you are... Thank You!!



Cara Fedick Born and raised in Calgary, I took off at the end of University for Atlantic Canada where I played grown-up for three years, working at the University of New Brunswick and traveling on the government's dollar. Upon discovering the D.E. MSc(A) in Nursing at McGill, I made my way to Montreal to continue to pursue the status of "eternal student". As I relocate to my fourth province in six years, I reflect on the journey that has brought me here and know that the learning, laughing, loving, drinking, dancing, teaching, traveling, and the occasional leap from a perfectly good airplane have made for a fun ride that's nowhere near done. Now that I have added another degree to my collection, and have met the love of my life, I have slowly worked my way west toward home to figure out how to change the world of nursing while embarking on yet another adventure (Tick tock, Tick Tock, TICK TOCK... what is that incessant noise?). In this slow crawl back west, I have found myself in Toronto where I have been employed since mid-August as a staff nurse on a spinal/neurosurgery floor at the University Health Network's Toronto Western Hospital. I am finding the transition from an accountable-to-no-one student to a grown up challenging--to say the least--but I have my eye on the horizon and have already targeted more than a few possible career paths that will make the most of my Master's degree. Assuming I pass the looming licensing exam, the next few years should see me transition from my current unit to a critical care setting before deciding where next to call home. And now, as we scatter to all parts of the country—if not the world—I take more than just addresses of couches to crash on. It has been a pleasure to meet all of you, work together, suffer and conquer, and share this part of my life with the MSc(A) Class of 2008. Bang the gong... this episode is over!



Elizabeth Ferdinandus My name is Elizabeth Ferdinandus and I was born and raised in Montreal. Considering I just bought a house in Montreal with my soon to be husband, I suppose I will be here for the long run. I graduated from the Bachelor in Nursing program at McGill in 2004 and have been a practicing RN for the last 4 years on an acute medical ward at the Jewish General Hospital. After having been sheltered in an educational environment for 3 years, I graduated as an idealistic young nurse ready to change the world. Ha! That thought was quickly destroyed by the end of my first week. A word of advice to all you new nurses: Hang in there. Don't give up. It really does get easier, I promise. Don't sell yourself short (I'm sure these last couple of years have provided some sort of useful knowledge!). Have faith in your skills. We were all in your shoes at one time in our careers. And most importantly, do not be afraid to ask for help. My work in the ICU at the Jewish General Hospital is challenging, both physically and emotionally. Though I do enjoy the work, the people, and the challenge, I am presently back at McGill (yes... once again) in the Nurse Practitioner Program in Primary Health Care. Love the program though it is challenging! Can't wait to finish and start practicing! My ideal position would be one that allows me to incorporate Health Promotion, Medicine, and Geriatrics. Lately, I have been contemplat-

ing about the nurse practitioner program in Ontario. Well, only time will tell... Though I complained frequently about the work and projects, I am truly glad to have done my Masters. It was a pleasure to have shared these past two years with all of you, Good luck to everyone!



Denise Ho In 2004, I received my Bachelor of Arts degree with a concentration in Biology and Visual Arts from the Gallatin School of Individualized Studies at New York University. The initial plan was to become a scientific illustrator. However, in the final year of my undergraduate studies, a course about health care and the philosophy of Western medicine initiated my interest in the nursing profession. While at the McGill School of Nursing, I have taken an interest in global health issues, maternal-child health and pediatrics. I spent the summer of 2007 volunteering at Access Alliance Multicultural Community Health Centre in Toronto, where I was provided with the opportunity

to learn about immigrant and refugee health experiences. Additionally, I recently began working in Dr. Anita Gagnon's office on the project "The Childbearing Health and Related Service Needs of Newcomers" (CHARSNN). This fall, I started my nursing career at Sick Kids in Toronto, and hopefully I will soon be rowing on their dragon boat team. My other interests include food, crafts and biking.



Trishia Hurrell After finishing a bachelor's degree in biology at Queens University I realized that this was not the career for me. With three generations of nurses in my family I naturally gravitated towards nursing as a career. In the three years that I have worked to complete this program I feel I have only begun to appreciate all of the intricacies involved in nursing patients and their families. In the next couple years I look forward to learning a great deal more while I work on a family medicine unit at the Ottawa General Hospital.



Rashi Khare Hi. My name is Rashi Khare and I love school. I came to Montreal from New Brunswick where I completed my undergraduate degree in Biology and my MBA. After working in the real world for a few years I decided I wanted to go back to my comfort zone, school, and started the MSc(A) program. After the first year I thought 'oh dear, what a huge mistake.' But as the program progressed I realized that by completing this degree I would open a lot of doors behind which there would be infinite opportunities. Whatever you want to do, wherever you want to do it, as long as it's in healthcare, is pretty much offered to you by way of this program. It would be a lie to say that it wasn't rocky. Everything I say about the program is in hindsight now that it's done. If I were asked even two months ago what I thought, let's just say that my response would most likely not have made the marketing campaign. What now? I don't know, we'll see. Maybe a law degree.



Jennifer Lamarre Walking home from work tonight, I thought about my evening in Emerg. It had been a good shift. People were sick, very sick, but we helped them get better, feel happier, breathe easier and hurt less. I think in the end, it's all about hurting less, whether it be physically, emotionally or spiritually. We all have hurt in our lives, different kinds, and I guess sometimes it's nice to have someone come by and make you feel better, healthier. I know I have used the term 'better' twice so far, and you are probably

wondering, "does she not have any vocabulary?" The truth is I am using this word because we (all of us) use it ALL the time, too much even. It's not even descriptive. How often do we ask our patients, "are you feeling better?" It is a word that can describe numerous states of being, and yet at the same time, tell us nothing about who we are and what we are really feeling. In the end, as nurses we know. We have that gut instinct when situations or conditions improve or worsen. Every now and then we might miss it initially, but we learn and apply this new knowledge to our practice. This is what makes us better, makes us unique. Tonight I learned something new about an illness, about a colleague, and most importantly, about myself. The day I stop learning is the day I have to change professions.



Samantha LaRue

Past: Undergraduate degree in Biology from Concordia University

Present: Just graduated. Currently working as a clinical trial nurse at the S.M.B.D. Jewish General Hospital

Nursing interests: Maternal-child health and pediatrics

Future: To be determined



Stephanie Le Sage After completing my Bachelor of Science in Anatomy and Cell Biology at McGill in 2005, I was drawn to pursue nursing through the D.E. Master's program. I have known since childhood that a career in the medical field was in my future but it is only in the past few years that I have discovered that a career in nursing allows me to join together my knowledge with my nurturing personality.

I am interested in the area of cardiac surgery. I appreciate the fact that surgery is done to correct or repair a physical problem, which allows for the most part, a better quality of life.

Fittingly, I am currently working at the Royal Victoria Hospital in Montreal on the cardiac surgery unit. Through nursing, I will continue to feel challenged and inspired because it is an ever changing area that offers me the chance to indulge my caring nature and thirst for knowledge while providing the opportunity for new experiences.



Lianne Longo Hi! My name is Lianne Longo and Montreal is where I call home. After having completed an undergraduate degree in Anatomy and Cell Biology at McGill and having spent many years volunteering in both pediatric and geriatric healthcare settings, I was searching to go beyond the microcosm of cellular reactions and mutated mice into a greater understanding of the human condition. The journey to graduation in the D.E. Nursing Masters Program has been quite the ride! I worked as an extern on the cardio/thoracic surgical unit at the Montreal General Hospital. This experience enabled me to

acquire additional technical skills and appreciate the true nature of collaborative healthcare, i.e. essential training for the "real world" beyond the SON. I have a particular penchant for transcultural nursing and family nursing to which I had invaluable exposure. I hope to further develop my competencies in these specialty areas as my career progresses while fulfilling my ongoing passion to travel the world. At the present time, I am working on a surgical floor at the Montreal Neurological Institute. Each day has been an immense learning experience due to the diverse patient population that the unit has to offer such as brain tumor, stroke and spinal cord stenosis and clients of various age groups. The transition from student to novice nurse has not been without hardships but being able to make a difference in the illness trajectories of these patients and their families has proven to be the biggest reward. I am also keeping myself busy by taking Tango lessons which provides a nice contrast to the world of nursing! In retrospect, I would have to say that emerging from the "student world" to the "real world" is as frightening as it is empowering. Congrats to the class of 2008!



Ciara Parr My first love was anthropology. It delighted me by pointing out that culture was more than food and song, it was also interaction. Then I moved to BC and wanted to save the planet. Yes, it's true. I led "grow your own food" workshops for low-income families and traveled to schools to teach kids about the glories of BC rainforests. This is when it hit me, "Oh, there are very valid reasons why the environment is not everyone's priority!" This realization led me to work closely with people who live on the street, to learn some of their stories and to ask them about what they felt their needs

were. I realized I wanted to learn more about the philosophy of care to support others in healing their own inner wounds and technical skills to support healing of their outer wounds. Three years later, I'm further along and looking forward to the giant learning curve of the real world. Currently I am working in Toronto. My goal is to become a street nurse and to work in research that explores issues relating to the health of marginalized populations in Canada. I can't wait.



Serena Slater My interest in nursing and pursuing a D.E. Master's degree at McGill University evolved during the final years of my undergraduate degree in psychology at the University of British Columbia. My love of the French language and culture along with my never-ending quest to perfect my French were also factors that drew me to Montreal, a city in which I have enjoyed living and attending school. Since the summer of 2006 I have worked in Nursing Research at the Montreal Children's Hospital, which has provided me with a breadth of knowledge in the principles behind practice. Specific nursing areas of interest to me include pediatrics, cardiology and psychiatry. My career goal is to practice as an advanced practice nurse, perhaps in pediatrics or family medicine. I would also like to travel and work overseas in Europe or Australia at some point during my career, but for now, I am currently working at the Montreal Children's Hospital on 7C-2 (surgical unit). So far it is going well. Lots to learn and very busy but I work with a great team and really like working with kids. My Master's research project addressed the perceptions of safe patient transfers out of the ICU from a nursing perspective. The goal of this project was to facilitate this process for patients and families as well as for staff involved in ICU transfers. As I graduate, I would like to extend my thanks to all who have provided me with support and encouragement over these school years. It has been much appreciated!



Sarah Simmons Born and raised in Montreal I flew to the distant lands of Halifax to submerge myself in contemporary studies and psychology. I spent the ensuing four years wandering around in my head tying and untying synaptic knots. When I came to, BA with honours degree in hand, I decided (well after a couple of years of traveling and working,) that I needed to re-engage with 'the other,' you know - reach out and touch somebody. Instead of taking a minute to pick up the phone I entered a three year nursing program. That adventure has now come to an end, I saved the prince, the fireworks lit up the sky and the beeps and boops of everyone's favourite Nintendo game accompanies me wherever I go. And now what? Well, looking back it is clear that I have always been drawn to, and been the happiest when working with children, thankfully this degree will enable me to continue along that path. I currently have a job in pediatrics, and my hope is to simultaneously do research, and to generally enjoy the next game.



Brad Young I am from Edmonton, Alberta and came to McGill and the D.E. Masters program after teaching English and Science for several years in Taiwan and Mexico. When I was accepted to McGill I looked at the MSc(A) program as an opportunity to explore my existing interests in the health sciences, get involved at a "hands on" level in the delivery of healthcare services, and, to be honest, become qualified to return to work in Canada at some point in my life. Despite ups and downs over the past three years I feel this program has prepared me exceptionally to follow career aspirations in clinical practice, research, or education. Outside the academic milieu I worked as a TA and RA for various professors at the SON. This exposed me to exceptional individuals in nursing, from whom I learned what is possible post graduation. In spite of the immediate opportunities in nursing in Canada, I headed back to Mexico City this summer to relax, regroup, and teach for a while as a high school health sciences teacher before heading full tilt into clinical practice. Having "finished" the program, I somehow mysteriously find myself still working on my research project...sitting down right now to start preparing a poster to present the study at the CCCN conference. I am currently trying to get all the paper work done to write my RN exam in Toronto in February and if all works out I will be back to nursing in Toronto or Edmonton by the spring.