



McGill

NURSING

ALUMNAE NEWSLETTER
2007-08



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Making a Difference

McGill School of Nursing Newsletter 2007–08

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And a host of alumnae

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School of Nursing

Cover photo: Final-year BScN students Brigitte Ireson-Valois and Frangelica Goulding during clinical internship studies in Ghana



In the 2007–08 academic year we continued the process of adjusting to larger student numbers in both the undergraduate and graduate programs. The hard work and commitment of competent educators and researchers and the careful attention of our remarkable support staff have ensured the high quality of both the programs and the student experience. We are “thinking outside the box” to come up with solutions!

One issue associated with growth has been a shortage of appropriate space for faculty and students. Every year as we re-assign offices, we try to improve the quality of the limited space available in Wilson Hall for faculty members and also for our students. While the Medical Simulation Centre has brought major improvements in the teaching and acquisition of certain technical skills, we are now looking for new learning lab space and facilities required for practising and for mastering other basic skills.

The faculty have been working hard to ensure the integrity of our programs as student numbers increase and teachers take on different responsibilities. The directors of the BScN and BN (Integrated) programs (Madeleine Buck and Marcia Beaulieu) and the directors of the master’s and doctoral programs (Franco Carnevale and Margaret Purden) along with other faculty members are monitoring course content, teaching quality and student progress. The annual recruitment of clinical teachers and the search for community health placements continue to be challenges for the undergraduate programs. At the master’s level, a new advisory committee that includes both faculty and student participation has been created to further develop the clinical, administration and global health study streams, and to ensure that they fit with the objectives of graduate study.

Despite the growing pains, there has been no let-up in our activities. Various projects are moving ahead. One example is the McGill and Université de Montréal research group on developing nursing intervention research, which has grown to include Laval and Sherbrooke universities. It has a new acronym — GRIISIQ (formerly GRISIM) — and renewed funding of \$2 million for 2007–12 from Fonds de la recherche en santé du Québec and the Newton Foundation.

The annual Nursing Explorations conference for alumnae and the McGill nursing community has been re-instituted. In 2007 the theme was Patient Safety and in 2008 it is Nursing Ethics. In October 2007 nursing faculty from the school of nursing at the Beijing University of Chinese Medicine were invited to the School, the McGill University Health Centre and the Sir Mortimer B. Davis–Jewish General Hospital to describe and demonstrate traditional Chinese health practices.

Last winter, nursing students partnered with their peers in the other professional schools within the Faculty of Medicine and were instrumental in the creation of an

interdisciplinary non-credit course on issues in global health. This course, taught in the evening by volunteer faculty members from across the four schools, was put forward as a McGill University nomination in the Quebec-wide Forces d'Avenir competition.

Another highlight was the accreditation of our Neonatal Nurse Practitioner program, the first nurse practitioner program to be accredited in Canada. Reviewers commented on the quality of the program, the strength of the interdisciplinary team of educators and the unusual collaboration across institutions. The nurse practitioner programs are high on the political agenda in Quebec and are attracting the interest of our own graduates. Our Primary Care Nurse Practitioner program, launched in September 2007, is an important component of McGill's responsibility to ensure delivery of health care to remote regions in Quebec.

Finally, in a two-day retreat in June, University-based faculty, course coordinators, and our support staff revisited and re-affirmed our beliefs and values around nursing

practice, educating students and maintaining the high standards for which McGill and the School of Nursing are known. The faculty also set priorities for what they see as their "preferred futures" and began to outline action plans to get there. Among those plans are formalizing the mentorship program, improving the faculty and student orientation handbooks, and disseminating knowledge about the McGill Model of Nursing.

As you read through the following pages, you will find many more examples of the School's activities. This year, the program directors have highlighted just one topic in their particular area. Diane Borisov and Carmen Loisselle provide examples of how "just one nurse" is making a difference at the MUHC and at the JGH. In the Alumnae News section, some of our graduates speak about where their careers have taken them. We hope that you will enjoy these more personal views of life at the School of Nursing and beyond, and that you will continue to support the School, as you, too, make a difference!

A Word from the Alumnae President

Rachel Boissonneault

What an interesting year it has been for the Nursing Alumnae Association!

With the sustained effort of our small team of dedicated volunteers (Josette Perreault, BN '06; Johnny Sit, BScN, '06; and Sasha Dyck, MScA, '08), the Association was able to organize a financial planning seminar for recent and soon-to-be graduates. For this we had the collaboration of two financial advisors from LaCapitale.

We also produced a pamphlet about the Alumnae Association's mandate and activities and distributed it during the tour of the new Medical Simulation Centre in October 2007. And at the McGill Thank-a-Thon, held on February 20, 2008, some of us joined Professor Catherine Gros in thanking donors for their monetary support to the School.

We held a graduation dinner in June to celebrate the different years of graduation. In addition, your generous donations made it possible for four students to attend the Nursing Explorations conference in October. Working collaboratively with the Faculty of Medicine, we also made sure that nursing alumnae would have a wide variety of activities to attend during this year's Homecoming Weekend, to run from Thursday, October 16, through Sunday, October 19.

These few examples illustrate the scope and breadth of activities and events the Nursing Alumnae Association hopes to put out there in the coming year for the McGill nursing alumnae. But none of this will be possible without your ideas, comments and donations. I want to take this opportunity to thank you for directly or indirectly supporting our activities and call upon your creativity and energy to help strengthen the McGill nursing alumnae community. Please join the alumnae committee and/or pass along your suggestions and comments to us (alumni.nursing@mcgill.ca or rachel.boissonneault@elf.mcgill.ca).



Nursing Undergraduate Society

Members of the NUS Council, 2007–08

The Nursing Undergraduate Society, a student-run organization, had a busy year in 2007–08, promoting exciting social, athletic and academic activities.

The year started off with a joint nursing-engineering party at the Just for Laughs studio. This event was a huge success, giving nursing students an opportunity to meet students from other faculties, and it was followed by a bowling and pool night at Sharx Pool Hall, a Gray's Anatomy Marathon and an ice-skating get-together at the Atrium Arena. The year was topped off by a highly anticipated trip to the sugar shack at Mont Saint-Grégoire, where everyone enjoyed many delicious treats and had an all-around good time.

The undergraduate students also experienced a year of exciting sports activities, including intramural volleyball and the Nursing Games. The Nursing Games were held in Montreal this year, and McGill participated in volleyball, soccer, sumo wrestling and the Amazing Race, placing third in soccer and second in the race.

The Graduation Committee spent the year raising funds for an unforgettable graduation dinner dance complete with an impressive array of door prizes. In addition, each graduate was presented with a copy of the 2007–08 yearbook as a souvenir of McGill's packed academic and social calendar during their time at the School.

Academic life was promoted by several programs set up by the Vice-President Academic with the active collaboration of the NUS Council. These included tutorial sessions, careers fairs and graduate school information sessions. The tutorial sessions provided undergraduates with an opportunity to combine and share the strengths of the BScN and BNI students for the benefit of their clinical practice.

In addition, program changes were implemented based on feedback from students in all years of their respective programs. A chat forum was also set up in order to provide students with access to academic advice on an as-needed basis.

Through their membership in the Canadian Nursing Students' Association, our students had access to Nurse One, a great online tool for clinical nursing information. Many McGill nursing students also attended the CNSA regional and national conferences, where they were able to pick up valuable information related to issues beyond their immediate clinical environment.

Looking back at the past year, we are convinced that our undergraduates had two entertaining and enriching semesters in 2007–08, with their academic and social experiences positively influencing their personal and professional lives.

The School Welcomes Its First Universitas 21 Student

Madeleine Buck

Assistant Director, BScN Program

Universitas 21 (U21) is a network of research-intensive universities around the world. Since the network's founding in 1997, there had been hundreds of student exchanges but none in nursing. Louis Thomas Moisan (BScN '07) set the precedent as the first U21 nursing exchange student. He completed his final two semesters of McGill University course requirements at the University of Melbourne in Australia. Then it was McGill's turn to welcome a University of Melbourne student. It was our good fortune to have Jaimal Sandhu as our first U21 student at the School of Nursing. Jaimal spent the fall '07 semester in the BScN program taking a combination of second- and third-year courses. After a visit to the Ordre des infirmières et infirmiers du Québec to get his student attestation, and clad in a School of Nursing uniform donated by Louis Thomas Moisan, Jaimal was ready to commence his clinical studies on the cardiac surgery unit of the Sir Mortimer B. Davis–Jewish General Hospital.

"Part of a nurse's responsibilities is having the ability to adapt care to a patient's needs," says Jaimal, "and this exchange taught me a lot about caring for patients from a different culture. I received a lot of support and encouragement from all the staff and students at McGill, and the quality of the teaching and the materials was truly world class. I am sure I will draw on many of the lessons I learnt throughout my future career."

While Jaimal benefited from the experience, so did we. McGill nursing students enjoyed learning with him and felt that they gained from hearing about the similarities and differences in nursing across the continents. Many

U21 exchange student Jaimal Sandhu (second from left) enjoys some down time with McGill nursing students Y-Loan Ly, Marie-Andrée Gauthier and Patience Sondengam Beibam.



were intrigued to learn that a baccalaureate degree from his university is considered the “entry” into the profession, as no licensure exams are required in Australia. This meant that the McGill experience was scrutinized for equivalency with the Melbourne program, to ensure that he would meet the entry-level requirements in his country.

Jaimal has now met the requirements for his degree and will be entering the nursing profession shortly. We wish him well. It truly was a wonderful experience for us and we look forward to further U21 exchanges.

Student Collegueship

Cara Fedick

Collegueship President, 2007–08

The School of Nursing’s Master of Science (Applied) program has always been unique, both within and outside of the School. This year was no exception, as master’s students participated in projects at the School of Nursing, the Faculty of Medicine, the McGill University Health Centre and the extended health community. Here are a few of the highlights.

Thanks to the efforts of students and members of the administrative staff, highly valued space at Wilson Hall was reclaimed and transformed into a comfortable and functional refuge for students in all years of the program. In the process, boxes of old documents and outdated technical equipment were purged. The space commonly known as the Research Unit became a favourite place for gathering, meeting and working, as well as the informal headquarters of the Student Collegueship. These efforts have gained the attention of the School, and investment in furniture and other resources is in the works.

With a vision for an introductory global health course sparked at McGill’s Beyond Borders conference, students from the School of Nursing supported those from the Faculty of Medicine and the Department of Family Medicine in designing, planning, hosting and reviewing McGill’s first *Global Health* course, offered during the winter 2008 semester. The course comprised 11 lectures covering a range of topics: global nutrition, demographics and epidemiological transitions, Aboriginal health, maternal and child health, the impact of migration and immigration on health, international law and public health, and the ethics of humanitarian work. A total of 79 nursing and medical students completed the course and provided feedback for the student coordinators to present at the next Beyond Borders conference.

Finally, the graduate students’ official publication, *The Heart/Le Coeur*, has celebrated its 10th anniversary and produced its 30th issue. The publication has also taken a



Master’s students gather on the staircase in Wilson Hall to celebrate the successful presentation of their final projects.

greener approach, moving to almost exclusive electronic distribution, thereby drastically reducing paper usage and waste. In addition, archived issues are in the process of gaining new life as they are being scanned and added to *The Heart’s* new Web site (<http://www.mcgill.ca/nursing/about/theheart-lecoeur/>).

As the popularity of the graduate program continues to grow, so too does the diversity of students’ backgrounds, interests, activities and involvement. The September 2007 enrolment was the highest yet, with a total of 93 direct entry and nurse entry students (24 in MScII, 39 in MScI and 30 in Qualifying Year). Twenty-one master’s graduates crossed the stage in May 2008.

Last spring, with the close of another academic year, the master’s students joined the ranks of the Alumnae Association and embarked on careers as diverse as the paths that had brought them to the program. Congratulations to all!

An Innovative Partnership to Develop Graduate Student Competencies in Advanced Practice and Research

Margaret Purden, Madeleine Boulay-Bolduc, Valerie Frunchak, Judith Ritchie and H el ene Ezer

An innovative partnership between academic faculty at the School and clinical faculty in the affiliated teaching hospitals has brought new approaches to developing graduate student competencies in advanced practice and has revitalized the research component of the graduate program.

Mounting challenges in the health-care and academic environments necessitated a re-examination of the program's structure. The School was committed to retaining a research component so that students could experience the process of systematic inquiry firsthand. At the same time, the nursing department priorities in our teaching hospitals included strengthening the capacity for evidenced-based practice and evaluating practice changes. A new, jointly designed approach permitted both partners to reach their goals.

The School now offers a series of four courses: research methods, project development, project implementation and knowledge translation. Throughout the series, students learn the fundamentals of research, collaborate with clinicians to develop and implement a study protocol, present the results, prepare a manuscript for submission, and collaborate with clinicians to implement a knowledge transfer plan or a clinical improvement project related to the research findings. The projects are embedded in the real needs of the setting and provide the foundation for the implementation of a particular approach to practice.

The central feature of this initiative is the request that academic practice leaders in the affiliated hospitals put out a "call for projects" and prepare a prioritized list for their division. In a series of partnerships, these lists are reviewed and prioritized. Projects are selected by students, support in reviewing the literature and carrying out the projects is provided by the faculty and clinicians, and results are presented both at the School and in the clinical settings.

How does partnership benefit both the student and the clinician?

For the student, it offers a real-life laboratory for learning, one that facilitates the link between theory and practice. The clinician benefits by engaging with the student during the process of critical inquiry and generating the evidence on which the practice will be based. Together, the



Dreams Come True participants. Front row (l to r): Jennifer Lamarre, MScA student; Patrycja Chojecki, MScA student; Jane Chambers-Evans, study advisor; Serena Slater, MScA student; Maria Diaz, study advisor; Lisa Goulet, MScA student. **Back row (l to r):** Louisa Ciofani, study advisor; Claire Nehme, study advisor; Madeleine Boulay-Bolduc, Associate Director of Nursing, MUHC; Louise Fullerton, study advisor

student and the clinician take steps to improve practice and create an academic culture in the clinical setting.

For one student, the project began with a qualitative study of parents' experiences caring for their child at home following spinal fusion surgery. The nurses on the unit suspected that parents were having difficulties, but very little literature was available on the subject. The student's research project indicated that parents needed specific information and skills in order to feel comfortable caring for their child. The project advisor was impressed with the quality of the results and the following year submitted a project "to develop a booklet" for the knowledge transfer course. The same student selected the project and collaborated with a parent to design the booklet. Following revision and translation, the booklet was adopted by the hospital. The project was presented at a Canadian Orthopedic Nursing Association conference and the study was published in the *Journal of Orthopedic Nursing* in 2007. The knowledge transfer project has been accepted for publication. In this case, the mutual benefit of the project for the student and for the nursing unit led the nurse manager to successfully recruit the graduating student to her unit.

The courses can also lead to a program of clinical research. A series of questions posed by clinicians in the Maternal-Child Division of the Sir Mortimer B. Davis-Jewish General Hospital led to a sequence of research and knowledge translation projects that moved the hospital's breastfeeding agenda forward.

Students have enjoyed learning about the research process and have come to appreciate the value of research for practice. They are proud of their results and feel that

their projects were not simply an intellectual exercise but have led to changes in practice on the units. Students and their project advisors have published in journals and have presented at local meetings and national conferences, even receiving awards for their presentations.

A presentation series called *Dreams Come True*, initiated by Madeleine Boulay-Bolduc and the nursing leaders of the McGill University Health Centre, showcases the results of these projects. The sessions are video-conferenced to all sites and attendance has tripled since the series began. There are plans to extend *Dreams Come True* across the McGill teaching hospitals.

These partnerships in education, practice and research are the result of a collaborative approach that is unique to the McGill School and its clinical teaching hospitals. We are very proud of the results of our collaborative efforts!

Canadian and Tanzanian Nurses Optimizing Pain Management: A Partnered Approach

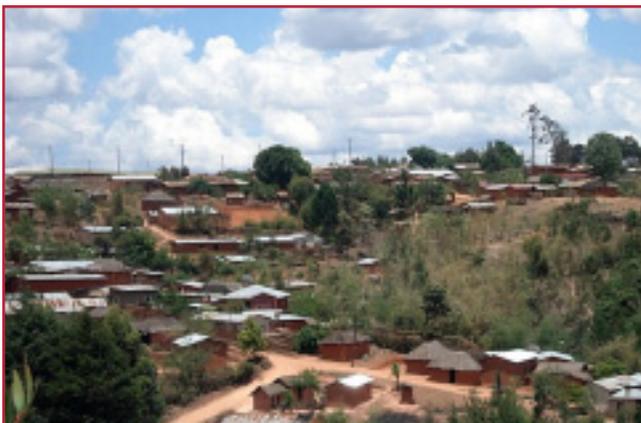
Sylvie Lambert

Fellow, McGill Nurses for Highlands Hope

In November 2007 I had the privilege of travelling to Njombe, Tanzania, as a McGill Nurses for Highlands Hope fellow. There, I collaborated with our Tanzanian colleagues at the Tanganyika Wattle Company (TANWAT) hospital to develop an education module on pain assessment and management. Working with the health professionals at TANWAT was, for me, a personal and professional experience like no other.

In accordance with the interest expressed by the nurses at TANWAT, the overall objective of the project was to pilot an education module on pain assessment and management. From the moment we began to develop the module, the health professionals at TANWAT were

The village of Njombe, Tanzania



TANWAT Hospital in Njombe, Tanzania

involved in determining its format and content. A series of short pain workshops was identified as the most appropriate format, as this was the one used in previous professional development activities in this setting. To determine the content of the workshops, the staff's pain information preferences and approach to pain management were explored in more depth through individual interviews, a focus group and clinical observation, particularly during morning rounds. In addition, questionnaires, including a pre-workshop pain-knowledge survey, were distributed to nurses at TANWAT. The information gathered was integrated into the planning, implementation and evaluation of the workshops.

Health professionals identified pain as the symptom most commonly encountered in their daily practice. Although an interest in pain in both adults and children was identified, a particular interest was expressed in learning more about pediatric pain. As children have limited communication skills, health professionals felt a responsibility to recognize their pain. Additional topics of interest were the identification of pain, types of pain, the neurophysiology of pain, and the pharmacological and non-pharmacological management of pain.

Accordingly, four pain workshops were developed: *Pain Assessment, Part 1*: definition of pain, types of pain (e.g., neuropathic, referred), myths and misconceptions about pain, and pain assessment in adults, including the use of pain measurement tools; *Pain Assessment, Part 2*: pediatric pain assessment and non-pharmacological strategies for procedural pain; *Pain Neurophysiology and Non-pharmacological Strategies*; and *Pain Management Principles and Pharmacological Strategies*, with a focus on reviewing the World Health Organization's analgesic ladder. Each workshop lasted between 60 and 90 minutes. Learning strategies consisted of didactic lectures to discuss the main topics, flip charts to facilitate communication, PowerPoint handouts to provide detailed information, and presentation of clinical cases and role play inspired by practice.



Tanzanian children

In addition, I was available in the clinical setting to support the integration of knowledge and to determine, together with the nurses, the applicability of learned skills to patient care.

Clinical outcomes of the workshops included the integration of pain as the fifth vital sign, preparation and use of a pain-assessment documentation sheet, use of pain measurement tools, and implementation of non-pharmacological strategies for procedural pain in children. Feedback questionnaires were distributed to workshop participants and comments were positive overall, particularly regarding the use of role play and the allocation of sufficient time to practise new skills.

This was my first trip to Africa, and although I had prepared in many ways I really did not know what to expect. My stay in Njombe was exhilarating and exceeded any objectives I might have had. The most precious souvenirs I brought back with me are not those that were packed in my suitcase. During my stay at TANWAT I was particularly inspired by the eagerness of the staff to embark upon this project. Despite a busy schedule and an array of daily care challenges, the nurses and medical officers were always willing to participate. Together we discussed and learned how to use our combined experience to implement the workshops. It was also through these conversations that relationships were forged, ensuring that the workshops would benefit all participants.

I would like to express my gratitude to the financial supporters of McGill Nurses for Highlands Hope as well as Madeleine Buck and Christina Clausen, the project's founders, for providing me with this unique opportunity. The project would not have been possible without the participation and mentoring of Betty Liduke, clinical director of the TANWAT hospital. In addition, I would like to acknowledge the participation of the nurses and medical officers at TANWAT; their motivation to provide optimal care was inspiring and contributed greatly to the success of the module.

To learn more about McGill Nurses for Highlands Hope, visit <http://highlandshope.com/> or <http://www.mcgill.ca/nursing/about/mnhh/>.

KUDOS TO STUDENTS



Recipients of Alumnae Awards and other well-deserved honours in 2007-08



Sylvie Lambert and Sylvie Dubois. The dissertation supervisor for these two doctoral candidates was Carmen Loiselle.

Students in the School of Nursing — **Jacqueline Bocking, Naomi E. Burton-Macleod, Jason Hickey, Carly Lang** and **Amy Low** — and the Faculty of Medicine have joined forces to deliver an interdisciplinary course, *Global Health*, which has been entered as a Forces d'Avenir internal event. The course was designed to introduce students to the global context of health care while exposing them to some of the health determinants they may encounter while working abroad or with diverse

Doctoral graduate Rosemary Hebert (*right*) and Anita Gagnon, her dissertation supervisor



Canadian populations. The topics were chosen with a view to preparing students to work in low-resource settings and to approach their professional encounters as sensitive, aware and globally conscious citizens. *Global Health* has earned the praise of faculty and the student group is now working with interested faculty members to make it a fixture of McGill's health-care curriculum.

In the latest round of competitions sponsored by Fonds de la recherche en santé du Québec, **Greg Sobieraj** received a master's fellowship and **Manon Ranger** a PhD fellowship.



Doctoral graduate Marilyn Aita (*left*) with her dissertation supervisor, Celeste Johnston

Several of the School's doctoral candidates successfully defended their dissertations in the summer of 2008:

Marilyn Aita *Effect of a Sensory Minimization Intervention on the Physiological Stability and Pain Response of Preterm Infants*

Sylvie Dubois *The Role of Informational Support in Relation to Health Care Service Use among Individuals Newly Diagnosed with Cancer*

Rosemary Jean Hebert *Making Homes Smoke-Free: The Impact of an Empowerment Intervention for Parents*

Sylvie Lambert *An In-Depth Exploration of Health Information-Seeking Behaviour among Individuals with Prostate, Breast or Colorectal Cancer*

These four successful candidates will receive their doctoral degrees at the convocation ceremony in November. Congratulations to all on this extraordinary achievement.

NEW APPOINTMENTS

Elaine Doucette

The first time I worked with Elaine Doucette, I decided that I wanted her to join the faculty at the School of Nursing. The more I worked with her, the more I was convinced that my initial instincts were right. I was struck by her academic approach to practice as she seamlessly combined a wide range of current literature with a wealth of experience and a keen eye for opportunities to mount



research projects. Her approach to practice was complemented by a warm, supportive and positive attitude. Although she previously taught both a theory and a clinical course at the School, we were finally able to welcome her to a full-time position in the 2007–08 academic year.

Recently I came to understand the sources of Elaine's depth of knowledge and comfort with challenges. She has an extensive background in cardiovascular care, having developed her expertise in

this area through her education and her experience working at several hospitals in the city.

Elaine completed her undergraduate and graduate nursing education at the University of Ottawa. Following her undergraduate studies, she worked as a staff nurse in the coronary care unit of the Montreal General Hospital. During her graduate studies, she developed further expertise in cardiovascular care, especially with respect to patients and their families. Her thesis was titled *The Impact of Social Support on Living with Heart Failure*. With her master's degree in hand, she began working at the McGill University Health Centre as a clinical nurse specialist in critical care. Later, at the Queen Elizabeth Hospital, she was a head nurse in the coronary care and progressive cardiac rehabilitation unit for seven years and a nurse manager in the critical care unit for three. She then took a part-time position as clinical nurse specialist in critical care at St. Mary's Hospital and served as a nursing teacher at John Abbott College.

Through her various positions, Elaine has developed a wide network of colleagues and friends and is highly respected and valued at several institutions across the city. She has been a delight to have at the School. While learn-

ing the ropes of university teaching, she has mentored other junior faculty members, served as co-chair of Nursing Explorations 2008, presented at international and national conferences, and been nominated as Best Teacher in the Bachelor of Nursing (Integrated) program — an honour that was publicly acknowledged at the spring 2008 convocation reception. We congratulate her on an excellent start to what we hope will be a long and productive career at the School.

Marcia Beaulieu

Fiona Hanley

Fiona Hanley joined the faculty in 2007 to teach in the Bachelor of Science (Nursing) and Bachelor of Nursing (Integrated) community nursing program of study.

Fiona began her nursing career as a Registered General Nurse in Oxford, England. She later travelled to western Canada, earning her undergraduate degree in nursing at the University of Alberta, and then to Quebec, where she completed her master's in nursing at the Université de Montréal. These details help to explain the frequent question *Who is that fluently bilingual teacher with the British accent?*

Fiona has taught nursing at Dawson College for many years. She has a long history of active participation in the joint initiative of the McGill University–Anglophone CEGEP Consortium and the MUHC Pediatric Think Tank to develop pediatric education competencies and new ways of approaching clinical education in the pediatric acute-care setting.

A self-described grassroots activist, Fiona is passionate about the role that nurses can play in promoting healthy environments at the individual, local, national and global levels. As the only Quebec member of the Canadian



Nurses Association's Environmental Reference Group, she is our representative on the CNA's centennial project to increase nurses' awareness of environmental health and provide them with the tools to advocate for environmental health, including the "greening" of hospitals. People think twice about how they dispose of plastic containers and paper waste from hospital packaging after they have spent a day

with Fiona! She urges that all hospitals become “natural leaders in setting the standards for green building design” and suggests that one way for them to do so is to follow the *Green Guide for Health Care* (<http://www.gghc.org/>). A video interview with Fiona and other nurse leaders in environmental health can be viewed online by visiting the CNA Web site.

Internationally, she is an active member of the global coalition Healthcare Without Harm.

True to her environmental commitment, Fiona minimizes her carbon footprint by bicycling to work. She is also a musician at heart, playing the cello with her three musically inclined children.

Madeleine Buck

Fiona Hanley has since decided to return to her position at Dawson College. No doubt Fiona will be making use of her new environmental connections as she continues to promote health at the global level.

Interview with Nancy Feeley, New Chercheur-Boursier Clinicienne

Celeste Johnston

Associate Director of Research

Two of the School's junior faculty members, Antonia Arnaert and Nancy Feeley, have been successful in the chercheur-boursier clinicien(ne) competition sponsored by the Fonds de la recherche en santé du Québec (FRSQ). This award is open to all health professionals in Quebec. It pays half of recipients' salaries in order to free them up to conduct clinical research in their field of study. The FRSQ process is highly competitive, with most of the awards going to physicians, so it is very impressive that two of our faculty members were judged competitive this year.

Dr. Feeley answered a series of questions in order to give readers an idea of what the award entails and what it means to a recipient.

What does it mean to have this award? What made you apply for it?

I will have my teaching time reduced and have more time to devote to research and writing. My colleagues and research collaborators encouraged me to apply.

Did you seek advice or help in putting the application together?

Yes, I had a great deal of assistance, and I think this was very useful. Several of my colleagues who have these awards or who have been reviewers for such awards helped by allowing me to read their own applications, by reading a first draft of my submission and giving me feedback, or by giving me advice as to what was important to highlight in my submission.

What is your project about?

My program of research is concerned with the nature of the parenting environment of very-low-birth-weight [VLBW] preterm infants and how to best enhance the quality of the parenting environment to optimize infant development. My research has focused on two aspects of the parenting environment of children born VLBW. These are *parental psychological distress* (anxiety, stress and post-traumatic stress) and *parental sensitivity and responsiveness* during interactions with their child. I am interested in understanding the factors that are associated with parental distress, in order to develop evidence-based nursing care to reduce distress, optimize the parenting of these children and ultimately enhance their development.

I have developed an intervention program for mothers of VLBW infants that aims to lower maternal anxiety and enhance mothers' ability to interact effectively with their infant in the early months after birth. The efficacy of this program is currently being examined, and the long-term effects on child development will also be examined. In addition, the involvement of fathers with their VLBW infants will be explored, with the goal of developing an intervention program to facilitate fathers' involvement with their infant during the NICU [neonatal intensive care unit] hospitalization.

How do you see this as advancing nursing?

I believe that nurses have an important role to play in enhancing the health of children born VLBW and of their parents. These infants are hospitalized for many months after birth, and mothers and fathers begin to parent their newborn in an intensive care environment. Nurses in NICUs have a unique and strategic opportunity to promote the optimal parenting environment for these children, which in turn will enhance the children's growth and development over the long term. By testing the efficacy of this intervention, NICU nurses will have scientifically valid results that they can then incorporate into their care of families of preterm neonates.

While Dr. Feeley's project is unique, important and scientifically valid, often it is the less obvious aspects of an application that make it successful in the scientific review process; one's peers can help fine-tune an excellent idea so that an application competes successfully with other, equally excellent ones.



KUDOS TO FACULTY

Antonia Arnaert was interviewed on the Global TV News in February, along with Donna Byrne of Health Access Santé (a private home care company), about the Home Telecare Project for Elderly Patients with COPD.

An article by **Celeste Johnston, Françoise Filion, Marsha Campbell-Yeo, Kathryn McNaughton, Jasmine Byron, Marilyn Aita, Claire Dominique Walker** and three other co-authors has been published in the journal *BMC Pediatrics*. The article is titled “Kangaroo Mother Care Diminishes Pain from Heel Lance in Very Preterm Neonates: A Crossover Trial” and it appears in the April 2008 issue.

Laurie Gottlieb and **Celeste Johnston** are included among the Canadian Nurses Association’s “100 Nurses to Know,” a feature of the Association’s Centennial Award.

Judith Ritchie has been selected for the Research Based Practice award of the Canadian Association for Nursing Research.

Antonia Arnaert and **Nancy Feeley** have been successful in the *chercheur-boursier clinicien(ne)* competition sponsored by Fonds de la recherche en santé du Québec.



Elaine Doucette and Franco Carnevale, recipients of Students Recognize Faculty for Excellence honours, at the undergraduate level and master’s level, respectively

FACULTY NETWORKING AT HOME AND ABROAD

Pictured at the Wellness Centre, SMBD-Jewish General Hospital, are Carly Pepler, School of Nursing faculty member; Bessy Bitzas, Dina Linardos and Kathia Dorcelus, JGH staff nurses and clinical partners; Yufang Hao and Lisha Han, Vice Dean and Dean, respectively, school of nursing, Beijing University of Chinese Medicine; and Li Li, doctoral student, Second Military Medical University, Shanghai, and visiting student, McGill University.



Advances in Advanced Nursing Practice

Franco A. Carnevale

Assistant Director, Master's Program

The School of Nursing has always been committed to promoting advanced nursing practice. In recent years this commitment has been extended to leading the way in the development of newly legislated nurse practitioner programs in Quebec. Bill 90 recently brought about changes to the laws governing nursing and medical practice, legally permitting the education and hiring of *infirmières praticiennes spécialisées* (IPS), Quebec's new nurse practitioners. Because of these exciting innovations in the development of advanced nursing practice, the School is actively involved in the shaping of newly recognized IPS roles in neonatology and primary care. These IPS clinicians will be equipped to address important health-care needs in the increasingly complex landscapes of newborn and primary care. IPS preparation in both of these specialty areas can be undertaken either as part of our MScA program or through our post-master's diploma program.

McGill is the only Quebec university to offer an IPS program in neonatology. This is largely because of the groundbreaking work done at the McGill-affiliated Montreal Children's Hospital, where a neonatal nurse practitioner pilot project was carried out several years ago through a unique collaboration between neonatal medicine and neonatal nursing. In February 2008 our IPS program in neonatology became the first nurse practitioner program to be accredited in Quebec (and in Canada), following an accreditation review by the Ordre des infirmières et infirmiers du Québec and the Collège des médecins.

Two years ago we established a partnership with the nursing module at the Université du Québec en Abitibi-Témiscamingue (UQAT) to create a primary care IPS stream, which has enabled students from Abitibi to register at McGill and complete all of their courses in the North. This year we will be admitting our first Montreal-based cohort of nurse practitioner students in primary care.

Particularly remarkable about these initiatives are the truly exceptional collaborations that underlie

them. Each stream relies on a solid partnership between nursing and medicine. Neonatal nursing and neonatal medicine have worked closely together to launch and maintain the neonatal program, which is jointly managed by Linda Morneault, nursing coordinator of the McGill neonatal IPS stream, and Dr. Sophie Nadeau, who recently replaced Dr. Richard Gosselin as medical coordinator. Our primary care IPS program is managed by Sophie Charland and Dr. Perle Feldman, the nursing and medical coordinators of the McGill primary care IPS stream.

The primary care program also relies heavily on its collaboration with UQAT. This collaboration is spearheaded by Sylvie Cardinal, director of UQAT's nursing program. Additional collaborative arrangements are being made with various clinical partners for the supervision of primary care clinical placements. Similarly, the neonatal program draws on a unique alliance between McGill University and its clinical partners: the Montreal Children's Hospital and Royal Victoria Hospital sites of the McGill University Health Centre, the Sir Mortimer B. Davis-Jewish General Hospital and Hôpital Sainte-Justine.

These are exciting times for advanced nursing practice in Quebec, and McGill is thrilled to be actively involved in the process. We are fortunate in having an extraordinary network of talented educators and clinicians to support this undertaking. Indeed, one of the external accreditation reviewers commented that she was envious of the wonderful collaboration that exists between McGill and its clinical partners.

Isabelle Milette (BScN '07) and Margarida Ribeiro da Silva (BScN '03, MScA NP '07) are neonatal nurse practitioners at the Montreal Children's Hospital. Margarida was one of the first two graduates of McGill's NNP program.



*Supporting Families in the ICU:
An Innovative Collaboration
between the SMBD–JGH
Nursing Department and
the McGill School of Nursing*

**Johanne Boileau
and Carmen Loiselle**

Admission to an intensive care unit can be a stressful event for patients and family members alike, leading to uncertainty, emotional turmoil and psychological distress. Recent studies have even found that family members of ICU patients may exhibit signs and symptoms of post-traumatic stress disorder. Increasingly, the evidence shows that the involvement of family members in the care of their loved one has positive effects for both parties. A vital responsibility of nurses and other health-care providers is to support the needs of family members during stressful times such as these.

Among the many needs identified, informational needs have consistently been rated as a top priority. These are universal, transcending differences in age, sex and socio-economic status. Attention to the informational needs of family members has been associated with decreased anxiety levels and a higher degree of satisfaction with care.

Drs. Carmen Loiselle and Linda Edgar (centre and right) and doctoral candidate Sylvie Dubois collaborate on a CIHR-funded study into the impact of multimedia tools on psychosocial adjustment to cancer.



Family members have reported that lack of information about the patient's condition and progress is a primary contributor to feelings of anxiety, psychological distress and helplessness. These findings point to the important role played by health professionals in reducing distress among family members in the ICU by addressing their informational needs and preferences.

A novel informational support program is being piloted in the ICU of the Sir Mortimer B. Davis–Jewish General Hospital. This program uses principles of *interactive health communication*, defined as “the use of technologies to gain access to health information and support,” complemented by the support of a clinical nurse specialist (CNS) to ensure comprehensive and family-centred nursing care. The program was developed in collaboration with a benefactor, Mrs. Joey Adler, the SMBD–JGH Nursing Department and the McGill School of Nursing. Mrs. Adler had a keen interest in supporting an innovative and timely project that would benefit both patients and families. She felt that, as a family member of a patient in the ICU, she had had many of her own informational needs neglected. Lynne McVey, Assistant Professor and Director of Nursing at the JGH, and Carmen Loiselle, Assistant Professor and Senior Researcher at the JGH Centre for Nursing Research, met with Mrs. Adler to discuss possible ways of addressing this crucial issue.

These exchanges led to the development, implementation and evaluation of the Adler/Sheiner Patient and Family Support Program in the fall of 2005, whereby the CNS was assisted by two McGill direct entry nursing graduates. In the first year of the program, Joanna Bailey, a McGill master's graduate, and Dr. Loiselle supervised a McGill student, Melanie Sabbagh, in the development of her master's clinical project, Supporting Families in the ICU: A Study of Relationships among Perceived Informational Support, Satisfaction with Care and Anxiety. This study provided important preliminary data in support of the program. The findings are currently being prepared for publication.

More recently, Dr. Loiselle and Dr. Céline Gélinas and their team have undertaken a follow-up evaluation study of this project using quantitative and qualitative approaches. The team includes nursing managers, frontline nurses, undergraduate and graduate students, and data-management personnel. Results so far show promise and are guiding the development of a similar program in oncology.

With the Adler/Sheiner program, the School of Nursing faculty, students, and management and clinical personnel collaborated to significantly enhance the quality of the experience of patients and families who are facing life-threatening situations.

One Nurse Can Make a Difference

Diane Borisov

*Director of Nursing,
McGill University Health Centre*

Once upon a time there was a nurse, Anne Bossy, whose expertise in pediatric endocrinology and metabolism as well as in chronic illness management led her to develop a beautiful partnership with the families of children with diabetes.

In her work with the children and families, Anne discerned that the routines and flexibility of the entire family were affected by the blood sugar testing regimen, meal/snack times and activity schedules that are necessary to maintain glucose levels. I don't know about you, but I can't think of many families with children who could survive without flexibility. Some families were coping well with the new, regimented lifestyle, but many others were having difficulty adjusting. The newly diagnosed children were reacting to or rebelling against the diagnosis of diabetes and the routines that went with it.

Keeping abreast of the latest evidence in diabetes management, Anne and her endocrine team discovered the potential of an existing insulin pump that had recently been made more reliable and easy to use. Anne researched the evidence and critically evaluated its validity and applicability, met with people from insulin pump companies, spoke with professionals who were making use of the latest technology in the United States, asked an endocrinologist to review medical outcomes, and began to fundraise. She pursued her vision of incorporating the insulin pump into standard care for children with diabetes. The team rallied to the cause and, lo and behold, Anne's leadership and commitment resulted in a proposal.

Presto! Well, not quite. Very hard work, in fact — lobbying, presenting compelling arguments, gathering family testimonials and involving the professional community. But all of this did result in the establishment, in 2005, of the first Canadian freestanding pediatric pump centre at the Montreal Children's Hospital.

The new insulin pump can have enormous benefits for families. It allows for flexibility with food and mealtimes, exercise, and sleep. A motivated family with a good pump program and the professional support offered by Anne's interdisciplinary team at the MCH can help children achieve more stable blood glucose levels, which will have an effect on their lifelong health.



Anne Bossy, a School of Nursing alumna (BScN Hons. '92), is a nurse clinician and diabetes educator at the McGill University Health Centre—Montreal Children's Hospital site.

Anne didn't stop there. Patients came for pediatric referral from far and wide in the province, and Anne knew that these children and families stood to benefit from the new modality of care. In the spirit and tradition of the MCH outreach programs, which provide care as near to the family as possible, she developed workshops and training materials for interdisciplinary teams throughout Quebec in order to develop competencies with this new and rapidly changing technology. Currently, teams in more than 26 Quebec regions benefit from Anne's expertise and her drive to improve care for children with diabetes.

In recognition of her extraordinary achievements, Anne has received two special awards. On May 1, 2008, she was presented with the Award of Excellence for Nursing and on May 12 she received a Nursing Leadership Award from the Department of Nursing at the MCH. Of greater value to Anne, though, is the positive feedback she has received from families — her leadership and determination have made a real difference to their lives.

One nurse can indeed make a difference!

Professional Development: Preceptors as Leaders

Marcia Beaulieu

Assistant Director, BNI Program

There are some professional development events that we attend, participate in and enjoy but never think of again once they are over. There are others that become more meaningful because we put them into practice. Preparing for and becoming a preceptor requires a commitment to the latter course of action. Over the last several years, the School of Nursing has offered face-to-face workshops for nurses who are already preceptors and for those who are thinking of joining their ranks. Although these workshops have changed over time, two issues have always been addressed: the preceptor role during the formative phase of learning, and the preceptor role during the evaluative phase.

In the last two years, the face-to-face workshops have been based on one in a series of modules developed by the Consortium National de formation en santé based at the University of Ottawa. This basic module, *The Art of Supervision*, clarifies the roles most often assumed by preceptors, outlines the processes of being a preceptor to students, and provides some excellent material on formative and summative evaluation, along with several evaluation strategies for different learners and circumstances. To date, 155 current or potential preceptors have attended these workshops.

The basic modules, as well as additional ones, are also offered online and free of charge through the McGill Training and Human Resources Development Project. The more detailed basic modules typically take four to six hours to complete, but this can be done at the participant's convenience. The additional modules address the topics of *Building Trust*, *Learning Styles*, *Conflict Management* and *Evaluation*. The modules come to life through the WebCT discussions among participants and feedback from faculty.

An implicit theme in both the online and the face-to-face activities is the leadership role that preceptors play, especially in developing the skills of those with less experience. Preceptors lead first of all by example, as they role model professional values and skills and share their knowledge and experiences with students. The modules and workshops offer opportunities to develop other competencies that are important not only for working with students but for any leadership role. The modules suggest that, in order to support learner development, preceptors need to understand the roles, responsibilities



Preceptor workshop leaders Marcia Beaulieu, Beverly Rowat, Wendy Higden and Madeleine Buck

and abilities that are required; motivational factors that affect both learner and preceptor; effective communication strategies for providing feedback; and problem-solving and conflict management. These are transferable leadership skills that preceptors can develop by working through the material, sharing ideas and experiences with other participants, and testing out these ideas in practice.

In September 2008 both the basic workshop and the online modules are being offered again, and we hope to have a large number of active participants.

To learn more about online modules, visit <http://www.mcgill.ca/hssaccess/two/>.

La pénurie de main-d'œuvre et l'arrivée de nouvelles recrues

Mélanie Lavoie-Tremblay

Professeure adjointe, représentante
Université McGill du Centre FERASI*

À l'instar de plusieurs pays industrialisés, le Québec est aux prises avec un important problème de pénurie de main-d'œuvre infirmière. Selon le rapport du Forum national sur la planification de la main-d'œuvre infirmière, à compter de 2007, au moins 2000 personnes quitteront leur emploi chaque année, et ce jusqu'en 2015. La situation culminera en 2009 et 2010, avec un nombre de départs atteignant les 2 400. À défaut de former environ 1 000 infirmières de plus chaque année, les prévisions indiquent qu'en 2015, la pénurie d'infirmières s'élèvera à environ 17 500, compte tenu des besoins.

L'intégration de la relève (génération Y) en milieu de travail et leur rétention en début d'emploi constituent un défi de taille pour les établissements de santé dans un contexte de pénurie de main-d'œuvre. Les nouvelles recrues et les gestionnaires jouent un rôle important en ce qui a trait au succès d'une main-d'œuvre disponible et mobilisée. Dans le cadre d'une étude¹ réalisée en 2006 par questionnaire auprès de 309 nouvelles et jeunes infirmières au Québec, l'esprit d'initiative et les attitudes positives au travail figurent parmi les deux principaux conseils à l'endroit des nouvelles recrues visant à favoriser leur intégration.

Membres de l'équipe FERASI: Kevin Smith, étudiant de maîtrise; Mélanie Lavoie-Tremblay, co-représentante; Suzanne Lanctôt, décideure



Marie-Claire Richer et Mélanie Lavoie-Tremblay, co-représentantes FERASI

Esprit d'initiative : *Ne pas avoir peur de poser de nombreuses questions, ne pas hésiter à demander de l'aide aux collègues, aller aux formations, aller vers les collègues, ne pas être gênée, ne pas attendre les rétroactions/les demander, repérer une infirmière sympathique d'expérience prête à l'aider.*

Attitudes positives : *Accepter les commentaires des autres, avoir confiance en soi, aimer son travail, être ouverte aux connaissances des autres / changements / critiques constructives, courage, curiosité, motivation, intérêt, ne pas juger, persévérance, travailler fort.*

Aux employeurs désireux de favoriser l'intégration et la rétention des nouvelles infirmières en début d'emploi, quatre conseils sont offerts : *offrir un soutien et une formation adéquate en début d'emploi; offrir un soutien continu et une reconnaissance; offrir de meilleures conditions de travail; offrir une sécurité et une stabilité d'emploi.*

Les conseils identifiés par les nouvelles infirmières représentent des stratégies de rétention tant pour les infirmières novices que pour les infirmières d'expérience qui veulent, en fin de carrière, transmettre leur expertise à la nouvelle génération. Le défi est de mettre en valeur l'énergie et l'enthousiasme des nouvelles recrues tout en reconnaissant l'expérience et l'expertise des infirmières au sein de notre réseau... Un défi à notre portée!

*Formation et expertise en recherche et administration des services infirmiers

¹ Lavoie-Tremblay, M., Desforbes, N., Wright, D. (2007). La rétention en début d'emploi : perspectives des nouvelles infirmières. *Actualités Professionnelles (ORIIM)*, 30(2), 8-9.

*Back to School***Rachel Boissonneault***BScN '04*

To go back or not to go back? That is the question I repeatedly asked myself last year when I was exploring the possibility of returning to school. I always knew I wanted to earn a master's degree, but a whole lot of questions and concerns came to mind when I started to seriously consider taking the big step. Should I acquire more work experience before undertaking such a project? How would I finance my education? Which school and, more importantly, which program should I choose?

I can't say I had an answer to all my questions before starting the application process, but two exercises that greatly helped me (and that I recommend to anyone who is about to take on a major project) were: (1) writing down what I wanted to achieve, and (2) making a list of the "must have" and "nice to have" features of the program I would eventually pursue. The list not only helped me to select a program but even proved useful during my studies, when I got a bit lost and needed direction concerning other choices I had to make.

In order to equip myself with the tools I would need to work on nursing and health-care strategy and performance issues, I finally opted for a one-year intensive MBA program in English at Montreal's École des Hautes Études

Commerciales. This challenging program matched my wish to learn management skills, improve my English (which is my second language) and work with people from around the world (34 nationalities!). It has allowed me to better understand the corporate world, develop management skills that will be useful in many workplace situations, widen my horizons, and reflect upon the importance of health care, including its practitioners and its practices in our society. I also learned the true meaning of the saying "nothing ventured, nothing gained." Although I had to sacrifice some things along the way, I gained tremendous knowledge of the world and of myself.

What do I take away from this experience?

- An appreciation of the need to reflect and to draw up a plan before making decisions that will affect your life. It helps you to stick to your goals.
- That you should "go for it." Fear of failure can only result in missed opportunities. By believing in yourself, you can achieve things you never thought possible.

As for whether to pursue a future in health care or elsewhere, I resolved this dilemma after much self-exploration, finally realizing that health care is my passion — the cause to which I want to devote all my time and energy. The field of health care offers many interesting challenges and endless opportunities for a rewarding career. On top of that, the need for health care knows no international boundaries, so now the world is my playground!

Rachel Boissonneault makes a presentation to new and soon-to-be alumnae during a financial planning workshop.



Story Time

Jan Lariviere

*Nurse, Neonatal Clinic,
Montreal Children's Hospital*

Linda Stephens

*Coordinator, Literacy Project,
Montreal Children's Hospital
MScA '87*

Imagine a crowded outpatient waiting room in a large pediatric hospital — kids and parents waiting for appointments, everyone anxious and restless, siblings vying for attention, loudspeaker calling for the next patient.

Enter volunteers with a bell and a bag of books. It's Story Time. Children and their parents are invited to join one of the volunteers and listen to stories in English or French. The shy kids first hang back but eventually join the group. The other volunteer circulates in the waiting room, talking to parents about reading to their children and providing them with books from the hospital's library.

Two story hours are held each week. Older children are encouraged to read the stories out loud with the volunteer. Positive responses include requests from parents for more reading on the inpatient units as well as for increased frequency of Story Time... and hugs from the children at the end of the hour.

Story Time is one component of the literacy promotion program at the Montreal Children's Hospital. Jan Lariviere, a nurse in the Neonatal Clinic, has been a champion of the program for several years. She first became interested in literacy while conducting a literature review for a study carried out in the neonatal intensive care unit through a Eureka Nursing Research Fellowship provided by the McGill University Health Centre. Parents were given a storybook and encouraged to read to their infant during the child's stay in the NICU. Jan discovered that the act of reading made the parents feel closer to the baby and gave them a sense of normality. A large percentage of parents also continued to read to their baby after discharge from the hospital. For her, the most rewarding part of the study was discovering parents' responsiveness to nursing interventions that helped them to feel they were contributing to their child's well-being.



Bedtime reading with Granddad

Jan then began a pilot project called Imagine/Lire, carried out in four clinics. Education sessions were held to develop staff awareness of the importance of literacy promotion and of the individual and societal implications of poor literacy. Health professionals promote the use of car seats, advocate for breastfeeding and tell parents about the correct sleeping position for infants. Jan encourages parents to also develop the habit of reading to their baby at a very young age.

The goals of Imagine/Lire are to provide books to families of all children at the MCH up to the age of six and to integrate literacy promotion seamlessly into health-care practice. Patients and families receive age- and language-appropriate books and information on the importance of reading for child development. This focus gives health professionals an opportunity to screen families for literacy orientation and to refer them to adult literacy services when appropriate.

“He received a book at his last visit,” said one parent, “and when we got home that’s all he wanted to read.” Children who may have arrived at the clinic in distress can be seen leaving with a smile and with a book tucked under their arm. “Once he and I read together for a little while,”

one staff member said of a particular child, “he settled down so that I could examine him.”

In 2006 the Canadian Pediatric Society reported that with 10 minutes of daily reading, beginning in infancy, a child

- Will have heard more than 30 million words by age three.
- Will have heard 900 hours of rich language by age five.
- Will have a vocabulary of 20,000 words by age six.

Health Canada has declared literacy to be a social determinant of health. The Canadian Pediatric Association has acknowledged that the economic and social costs of illiteracy make literacy promotion an important part of preventive medicine. Programs such as Reach Out and Read in the United States have demonstrated that when health professionals recommend reading, parents follow their guidance.

The literacy promotion program at the MCH is a nursing initiative that has received an MUHC Innovative Bursary, an MCH Foundation Award and an Alva Foundation grant. It is run in partnership with the Centre for Literacy of Quebec and its 2007–08 Coordinator is Linda Stephens, an alumna of the McGill School of Nursing. The long-range goal of the Literacy Project is to take Story Time and other elements of the program to all parts of the hospital so that literacy promotion becomes an integral part of every health professional’s daily practice.

Interventions That Complement the Nursing Tradition: Yoga, Meditation and Reiki

Janice Mackin Tangney

BN '75

Truth is One, Paths are Many.

– Sri Swami Satchidananda

The early 1970s was a fortuitous time to be studying nursing at McGill. It was at McGill that I first learned, from a theoretical perspective, three topics that have impacted on the nursing profession: *pain*, *stress* and *grief and loss*. In my practice today with medical and oncology patients, these concerns are addressed on a daily basis.



Janice Mackin Tangney

It was in the early 1970s that Professor Robert Melzack was immersed in his groundbreaking work on pain. My classmates and I developed a certainty that theoretical concepts learned in our *Introduction to Psychology* course could be implemented in our own clinical practice. Pain assessment and the relief of suffering continue to capture the attention of our profession.

I cannot even begin to describe what it was like to be on the same campus with Hans Selye as he bicycled through the grounds each morning. He was Professor Emeritus at the time, and his presence was highly valued by the students. I attended every lecture he offered and knew intuitively that stress was a concept that would have far-reaching implications in health care and beyond.

To learn about grief and loss through the words and spirit of Elizabeth Kübler-Ross was awe-inspiring. Kübler-Ross was a frequent visitor to McGill, delivering lectures there on at least an annual basis. Her words continue to guide me as I move respectfully in the world of persons in difficult situations. Just recently I attended the Seacoast Hospice End-of-Life Care symposium, where tribute was paid to this powerful woman who gave new meaning to the care of those with life-altering illness. Kübler-Ross offered words of reflection to the dying, to their loved ones and to those who have been given the privilege of caring for them on their journey.

Therapeutic use of self through mindful communication, willingness to be authentic in all caring interactions, and commitment to encouraging the person needing care to describe his or her hopes, fears and interests are central to nursing.

This article describes three practices that have been shown to alleviate suffering, reduce stress, open hearts, and bring peace to both the teacher of the practice and those who choose to integrate it into their lives.

Yoga is a way of life, an acceptance of what is and a celebration of the moment. For many Westerners, yoga is a series of postures that stretch the body and reduce tension. While these benefits are important, this is a limited perspective on yoga.

Yoga is an ideal choice for anyone who wishes to take the path of wellness and life fulfilment. Its benefits are not diminished by physical limitation, mental torment or spir-

itual despair. It has been shown to facilitate breathing, reduce blood pressure and improve cardiac function. Through yoga the cravings caused by addiction cease to consume one's life. A few moments of Pranayama practice using the breath to calm the mind and restore well-being is possible in almost any situation. A simple guided relaxation session can serve to connect an individual to his or her inner harmony.

Teaching Yoga to People with Cancer, a certification program offered to experienced yoga teachers by the Satchidananda Yoga Institute in Buckingham, Virginia, focuses on working safely with cancer patients through various stages of their illness. For nurses wishing to bring yoga into the health-care setting, this represents one opportunity among many to develop expertise.

Meditation is an ancient art familiar to many people in Western society. Prayer offers similar benefits to those who seek inner peace and intuitive knowledge. Teaching a person to meditate is relatively easy. Instilling in a person the discipline needed to meditate regularly is more challenging.

For those nurses who are able to integrate meditation into their practice, there are opportunities around every corner. At the first meeting with an individual, it is helpful to ask what he or she knows about meditation and to determine whether he or she has an interest in learning more about the practice. A missed opportunity to reach an inquiring mind may be a missed opportunity to teach a

skill that can be used in the search for inner peace and well-being, separate from illness and fear.

Reiki is similar to the therapeutic use of touch that is familiar to many nurses. The trained reiki practitioner or reiki master learns to work with a person's energy fields to restore harmony and wellness. Anyone with the desire and ability to hold their concentration can learn to practise reiki on themselves.

In my practice setting, we have an active group of volunteer reiki practitioners. We receive referrals from nurses who have identified a patient with an expressed interest in this therapy. Because of these nurses, and because of patients' expressed satisfaction with the therapy, reiki has become a well-respected intervention.

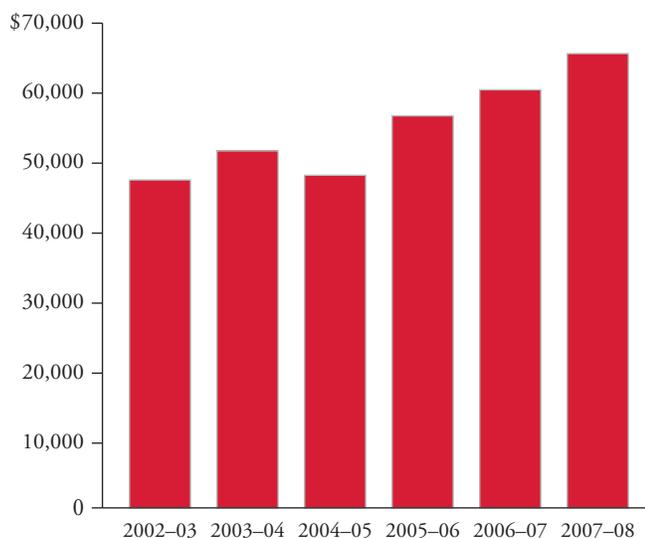
Each of these therapeutic interventions — yoga, meditation and reiki — can be an important, useful and cost-effective option within the health-care system.

Different histories, different situations and different levels of resilience intertwine as a person walks his or her own journey. Nurses who choose to practise these therapies know that humankind takes on infinite hues and are committed to providing individualized care. In order to "reach" their patients, nurses must have an ability to listen, be comfortable using "therapeutic silence," and be "fully present" and open to patients as they reveal themselves.

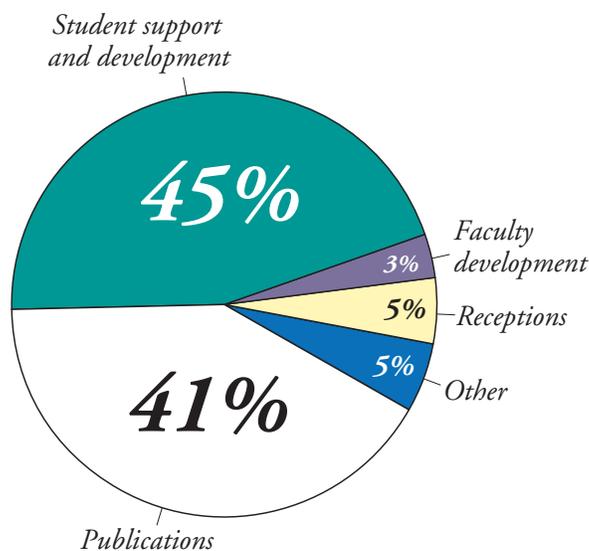
Now, so many years later, I continue to hear the words of and to be inspired by my teachers at McGill.

ALUMNAE DONATIONS: MAKING A DIFFERENCE

Donations to Nursing Alma Mater Fund, 2002-08



Allocations, 2007-08



*We have heard from...***2000s****Janet Bryanton PhD '07**

Janet is a winner of the Canadian Nurses Association's Centennial Award.

After 30 years as a nurse, she still exudes passion when she speaks about caring for new parents and their babies: "Every birth is a unique experience. And I still love being with new parents."

Janet graduated from the nursing program at the University of New Brunswick in 1977, worked for a year in the maternity unit of Charlottetown's Prince Edward Island Hospital (which has since closed) and then spent 15 years teaching at the PEI School of Nursing. Her love for education inspired her to upgrade her own credentials — she became a certified perinatal nurse in 2000 and received her PhD from McGill in 2007.

In 2000 she joined the faculty of the University of PEI. Now an associate professor, she teaches third-year baccalaureate students. "I teach my students...to help parents feel as good as possible about themselves and their parenting skills, because if they feel confident, their baby will benefit."

She also coordinated the PEI Reproductive Care Program for five years. A joint initiative of the province's Medical Society and its Department of Health, this program tracks perinatal data on mothers and newborns, promotes standards for care across the province, and produces perinatal care report cards.

Janet's research focuses on perinatal health promotion, but she also contributes in other areas: she has coordinated

Janet Bryanton (*right*) at the Canadian Nurses Association's Centennial Award ceremony, with Tony Clement, Minister of Health, and Marlene Smith, CNA President



a project for people with mental handicaps and their families as well as a five-year evaluation of the province's Heart Health Program. She sits on the perinatal certification exam committee of the Canadian Nurses Association and has been active in the Association of Registered Nurses of PEI, having chaired its board of examiners for 13 years. Currently she is a member of the PEI Breastfeeding Coalition.

Source: http://www.cna100.ca/documents/bios/J_Bryanton_ENG_final.pdf.

Joni McManus MScA '07

"Currently working in a split position 0.6 Acute Care (ER)/ 0.4 Public Health. I am living and working in northern BC, near the bottom of the Alaska Panhandle. It is an enjoyable challenge to work in acute care and primary prevention. I am working in a community of approximately 500 persons, where mining is the principal industry and tourism a close second. In the summer people come to 'touch Alaska,' and to see the bears catch salmon. In the winter people from around the world come to heli-ski and snowmobile. The mountains leap up 6,000 feet outside my window. Eagles and ravens soar above, while wolves and bears (black and grizzly) wander the streets and streams. All in all, it has so far proved to be a great adventure!"

Christina Clausen MScA '03

Christina gave birth to her first child on July 15, 2008 — a boy weighing 7 pounds, 12 ounces. She and the baby's father, Lionel, are ecstatic.

Jodi Tuck MScA '03

Jodi's second child, a 7½-pound girl, came into the world on August 16, 2008. The baby, named Sierra Desmarais, was born at home, to the delight of her parents and her big sister, Chloë.

1990s**Anne Gilchrist MScA '99**

"Currently a Learning Resources Consultant, Nursing Professional Practice, at the Ottawa Hospital. Dimitri and I are blessed with two beautiful children: Lucas aged 3 and Maria aged 1. We have settled in Ottawa now but visit Montreal often. Anyone who wants to get in touch can reach me at anne.gilchrist@yahoo.ca."

Daniel Savoie MScA '91 CRN(C)

Daniel is another winner of the CNA Centennial Award.

He had hoped to become a military nurse and was accepted for the Regular Officer Training Plan, but a car accident in 1988 cost him the use of his legs. During his rehabilitation, Daniel was inspired to continue his studies at the Université de Moncton and to go into rehabilitation nursing. He was the first paraplegic to complete a baccalaureate nursing program in Canada (graduating in 1991).



Daniel Savoie with Prime Minister Stephen Harper

Daniel became a rehabilitation nurse consultant, working with men and women across the country who had been discharged from the Forces because of chronic illness or disability.

While pursuing a master's degree at McGill, he worked as a nurse manager at a Quebec summer camp for disabled children. He now spends one week a year nursing at a New Brunswick camp for children with disabilities and serious illnesses.

For the last decade Daniel has been a senior nursing instructor at the University of New Brunswick. He has also worked as a clinical nurse specialist in the neurology and rehabilitation units of the Moncton Hospital, where he set up education programs for patients and served as a staff advisor.

He has established a rehabilitation nursing consultancy firm, works as a case manager and life-care planner, and advises lawyers and insurance companies on personal injury claims. He is also called upon by government and non-profit agencies to develop health promotion programs and strategies for injury prevention. He is a co-founder and president-elect of the Canadian Association of Rehabilitation Nurses.

Daniel is also working on his doctorate. "I do have challenges," he says, "but I also have great advantages working in rehabilitation: I understand what the patients are experiencing. And they know that I recognize and empathize with their challenges because I was once a patient."

Source: http://www.cna100.ca/documents/bios/D_Savoie_ENG_final.pdf.

1980s

Janice Bruce MScA '87

Janice can be contacted at janbruce@gmail.com.

Marilyn McHarg MScA '87

Marilyn worked in Toronto at Sunnybrook Hospital and then, after taking courses at Ryerson, joined the ICU critical care team at Women's College Hospital. While in the latter job she helped to found Médecins Sans Frontières Canada. She went to the field in Uganda in 1991 and over the following nine years she served with MSF in Northern Sudan, Liberia and Southern Sudan, as Nurse, Medical Coordinator and Head of Mission, respectively. She later served in top roles in Holland and Switzerland and is now General Director of MSF Canada. In 2002 Marilyn was awarded the Queen's Golden Jubilee Medallion and in 2008 she received an Honorary Doctor of Laws from Queen's University, her undergraduate alma mater.

Dita Poenaru (née Stepita) MScA '86

"For 5 years now I have been voluntarily working in Kijabe Hospital, Kenya. It is probably the toughest but most rewarding time of my life and career. I work half time in the hospital and the rest of the time I work in community development. The hospital work is most challenging, trying to bring excellence in patient care and to raise nursing standards. As a Nurse Clinical Instructor, I teach nurses on the wards, write standards and protocols, do research, and lead the Infection Control and Resuscitation teams. A large part of my job is to train nursing leaders and to problem-solve system challenges to enable better patient care. McGill helped me develop critical thinking, problem-solving strategies, research skills, and formulate a clear vision of the nursing profession. For further information on my work, visit www.poenaru.net or e-mail me at dpoenaru@kijabe.net."

1970s

Beverley Clare Hicks (née Williams) BN '70

Beverley received a PhD from the Faculty of Education at the University of Manitoba in May 2008, having successfully defended her dissertation, *From Barnyards to Bedsides to Books and Beyond: The Evolution and Professionalization of Registered Psychiatric Nursing in Manitoba, 1955–1980*.

1960s

KeriAnn Mahoney BN '69

After leaving the School, KeriAnn added to her credentials (Gestalt Psychotherapy '89, MA '94, CCDC 2000). Now retired (relatively speaking), she is active in healing work, leadership training for adults and youths with chemical dependencies, advocacy for people with disabilities, racism and discrimination issues, and animal rescue — so far, four cats and one dog. She lives in Windsor, Ontario.

Billie Purcell (née Nigro) BN '68

Billie can be reached at bpurcell@purcell-inc.com.

IN MEMORIAM

Mabel (Cathy) Hardy BN '64

Mabel passed away on July 7, 2008. Her son, Jeff Hardy, informed the School of her passing. He added, "She was always very proud of her association with McGill University."

Hazel Barlow BN '63

Hazel died at her home on December 17, 2007. She will be missed by colleagues in Montreal who knew her as a dedicated nurse, caring teacher and devoted friend. She was proud of her long association with St. Mary's Hospital and its staff. A native of Glace Bay, Nova Scotia, Hazel enjoyed a happy retirement at Creg Quay, Ontario.

Barbara Rose Moll BN '63 (1937-2008)

Barbara Rose passed away at her home in Richmond, British Columbia, on January 16, 2008, leaving a husband and family. Born in Lachine, Quebec, she was trained as a nurse at the Montreal General Hospital (class of '58) before obtaining her BN at McGill. She was a head nurse at St. Paul's Hospital in Vancouver for 4 years and an in-service coordinator at Richmond Hospital for 25. At the time of her death, Barbara Rose was looking forward to seeing all her MGH and McGill friends at her MGH class's 50th-anniversary celebration in May 2008.

Letty Trant Stenason (née Watson) Dip Nurs Ph '54 (1930-2007)

Letty died at the Royal Jubilee Hospital in Victoria, British Columbia, on October 30, 2007, after a long battle with

emphysema. She was educated at Victoria College and McGill University and worked as a nurse in both British Columbia and Massachusetts prior to raising a family. A long-time resident of Montreal and Calgary, Letty greatly enjoyed her retirement years in Victoria. She is survived by three sons.

Alice B. King (née Palmquist) BN '47

Alice had a distinguished nursing career, first at the Regina General Hospital and then as a nursing sister and sub-lieutenant with the Canadian Navy during World War II. She was stationed at Greenock, Scotland, and Cornwallis, Nova Scotia. After obtaining her BN at McGill, she joined the Victorian Order of Nurses and later became director of nursing at Imperial Oil. She then earned a degree in Public Health at the University of Toronto and worked as a public health nurse for the Region of Peel until her retirement in 1986. Alice died peacefully on February 28, 2008. She is survived by her husband and a daughter.

Barbara Ruthven Tunis (née Logan) BN '46 (1920-2007)

Barbara was one of McGill's first nursing graduates, and was a respected historian and author as well as a nurse. She passed away at St. Anne's Veterans Hospital in Sainte-Anne-de-Bellevue near Montreal on December 27, 2007, leaving three sons. She was 87 years old.

WHAT'S NEW WITH YOU?

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

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