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632 Research Projects Abstracts:
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The Colleagueship of 2011-2012:

The colleagueship represents the graduate students through various activities and involvement within the School of Nursing.

This student-led group runs fundraising activities, organizes social activities, conducts orientation for new students and acts as a liaison between the faculty and students.

By Alyson Parker, MSc1 Direct-Entry

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Name: Oxana Kapoustina, MSc 2 Direct-Entry

Colleagueship role: Co-president and member of the social committee

Why I got involved with the Colleagueship: I got involved with the Colleagueship to be able to actively contribute to my time spent in school and to have an impact on student life. I also wanted to try out my management skills.

Why I like nursing: I like nursing because of the many opportunities, because learning never ends, because every day you can make a change in someone’s life, because in nursing, even the small, everyday things matter.

My favourite procrastination tool: The AppStore app on my laptop.

Name: Christine Arnold, MSc1 Direct-Entry

Colleagueship role: Co-president

Why I like nursing: Because of the endless opportunities it has to offer.

My favourite procrastination tool: Grocery shopping!
The Colleagueship of 2011-2012:

**Name: Alyson Parker, MSc 1 Direct-Entry**

**Colleagueship role:** Co-president and communications

**Why I got involved with the Colleagueship:** I believe the Colleagueship plays a significant role when it comes to the mental and social well-being of the Master’s nursing students, which is something I want to be a part of!

**Why I like nursing:** I like the idea of being able to get to know individuals and families and to help them work towards health in whatever way works for them. Also, nurses play a key role in the health care system and I’m excited to be a part of it.

**My favourite procrastination tool:** There are too many! To name a few: Facebook, TV shows, silly iPhone apps and baking.

**Name: Natasha Dupuis, MSc 2, Clinical Nurse Specialist stream**

**Colleagueship role:** Co-president in 2010-2011, currently a contributing member of the Colleagueship

**Why I got involved with the Colleagueship:** In my undergrad, I got involved with the NUS (Nursing Undergraduate Society), more precisely I was the Associate Delegate for the CNSA (Canadian Nursing Students’ Association). I really enjoyed my experience advocating for the nursing profession and improving the conditions for future nursing students. When I started my graduate studies, I still had a need to be involved in the McGill community. The NUS had given me a chance to promote positive changes and I wanted to have the same opportunity at the graduate level. I know that change can be a good thing but that it does not happen on its own; motivated people need to make it happen. This is the main reason for my involvement with the Colleagueship for the last two years.

**Why I like nursing:** Nursing is so versatile. You can start your career at the bedside in a hospital, then go work in the community or in different hospitals, either providing direct care or acting as a consultant or an educator. You can work as a researcher, a teacher, a clinician, or even represent a company and travel to teach health care professional in different settings. And the sum of it allows us to improve the health of our families and friends. Can you name many professions that can accomplish all of these things? I don’t think so...and that’s why I love nursing so much!

**My favourite procrastination tool:** I guess I could say watching movies...but of course, Facebook deserves to be mentioned too! ;-)

**Name: Hilary Swanson, MSc 1 Direct-Entry**

**Colleagueship role:** Class Rep for MSc 1

**Why I got involved with the Colleagueship:** The Colleagueship is a great way to get to know students from other years and streams of the program. The members organize events and provide services, and it is fun to be a part of making graduate nursing life more exciting!

**Why I like nursing:** I love how nurses have such a huge impact on patients’ overall health and wellbeing. Even some of the simplest things seem to make a big difference!
**My favourite procrastination tool:** Yoga! And doing the dishes.

**Name:** Peggy Chen, MSc2 Direct-Entry

**Role:** Student Rep for SFAC

As a student representation of SFAC (the student-faculty advisory committee), my role involves collecting comments, questions and concerns from the student of my class. There is a representative for each year of the DE program (3 student reps) and each year of the Nurse Entry (2 reps). So throughout the year, we will ask students for feedback, either via email, in-person, surveys/polls and after collecting the data, we bring them to the meetings. The meetings are chaired for Dr Franco Carnevale and the faculty members are Catherine Gros and Dr Purden. At the meetings, we each take turns bringing up the specific concerns of each class (although some of these coincide since issues that came up for DE QY year were often issues for DE Year 1). We then communicate the issues and advocate for the students of our class and try to come to some sort of solution with the faculty perspective. So basically, the committee’s purposes are twofold: to raise awareness of the issues in our program and give voice to the students in a way that is ensured the faculty will hear about it and also to try and come up with solutions for these problems. We also hold an annual town hall where the students and faculty are all invited to come and have an open discussion.

The town hall is led by the issues that have been generated over the year as well as specifically brought up for town hall.

**Why I got involved with SFAC:** I wanted to be involved in the School of Nursing outside of just the coursework. I also thought it was an interesting position where I would have the opportunity to give voice to students’ concerns and be able to work directly with the faculty to solve them.

**Why I like nursing:** I love how many different roads you can take with nursing. It offers such a wide array of choices for where ever you could possibly imagine to go. Also, nurses are the front line of health care. We work with patients from the beginning to the end and have the opportunity to make such a huge difference on the health of the population!

**My favourite procrastination tool:** Facebook :)

**Name:** Veronique Daniel, MSc2 Direct-Entry

**Role:** M.Sc. Student Rep for the Nursing Exploration Conference Committee, School of Nursing (SON).

My role involves representing M.Sc. Students at the conference committee meetings, which are held monthly throughout
the year by a group of nurses & teachers from the SON and McGill affiliated hospitals. The representatives participate in the planning of the conference and in the promotion of the event; and help at various levels on the day of the conference.

Links to the conference websites:
http://www.medicine.mcgill.ca/nursing-explorations2012/
http://www.medicine.mcgill.ca/nursing-explorations2011/

Why I got involved with the Heart: For the desire to illustrate the work and contributions of M.Sc students and other nurse professionals.

I like nursing in part for: The continuous learning experience in caring for new and unique complex human beings; the passion for, and adventure of immersing and adapting to various cultures, the holistic approach to caring with patients and families, our role in health promotion, prevention, & education, and as patient’s advocate, and for the endless career possibilities that the profession offers.

My favourite procrastination tools: An escape to the pharmacy..., chocolate abuse...

The Heart—Le Coeur is published with financial support from the McGill School of Nursing, the Alumni association of the McGill School of Nursing, and the McGill Post-graduate Student Society.

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

Thanks to all the contributors who made this issue possible.

The Heart editing team
Véronique Daniel
Susie Jacobsen
**2011 Graduate Students**

**Sacha Jarvis**  
M. sc., 2011  
Direct-Entry Program  

After graduating in May I took a few months off to do some traveling and to volunteer at a youth camp on a First Nations Reserve in Northwestern Ontario.

In mid September I officially started working as a nurse for Weeneebayko General Hospital in Moose Factory, a remote isolated Cree community near the James Bay. I am actually the second graduate from the direct-entry program working here, and I have to say that I am thoroughly enjoying the experience thus far. I strongly encourage anyone interested in working in the north to check it out, it is definitely one of Canada’s best kept secrets! Feel free to contact me if you have any questions about northern nursing at [sacha.jarvis@mail.mcgill.ca](mailto:sacha.jarvis@mail.mcgill.ca).

**Dino Lainjo, M. sc., 2011 ; Direct-Entry Program**

I am currently working at the Royal Victoria Hospital in Montreal as an RN, at the coronary care unit (cardiology). I like the fact that the floor is busy. The floor ranges from people coming in with chest pain, heart failure etc to people who need intensive care. At the moment I am working with the not so intensive care patients and it is very interesting. The health and physical assessment class definitely comes in handy! What I don’t like about the new job is what most new grads struggle with, getting familiar with the technical aspects of nursing.

I am hoping to work with the aboriginal population sometime in the future, but for now, I am learning as much as I can.

One advise I would give to 2nd - 3rd year students is to try and get an externship before graduating. It makes life so much easier when you start working.

Also for those interested in staying in Montreal, you will have to take the French exam so if you are able to, try to take the explore program to learn French in a Francophone city. It will be worth it in the end.

Good luck to you all!!
Andrea Wilmot, M. sc., 2011; Direct-Entry Program

I work at the Royal Victoria Hospital on Ross 5. It’s a surgical floor for patients requiring Urology, Vascular, Hepatopancreaticobiliary, General, or Plastic surgery services. The work is interesting and challenging and the team environment is very supportive for new nurses. The learning curve is steep and the pace is fast, but I am managing! I do 12-hour rotating shift work. To my surprise, I like the schedule. I work 7 days out of 14, so I have lots of time off! I am even coping with the night shifts!

I started working at the end of September so I could spend the summer decompressing, learning French, and studying for the OIIQ exam. The six month ‘break’ helped me to feel rested and ready for my job.

I see myself working in community health someday, perhaps returning to BC, but I have no firm plans. For now I am focusing on learning my new job and I am enjoying having real days off!

Sari Belzycki and I are working on getting our research project published. After taking a break from it over the summer, it feels good to be fine tuning it again. I am happy with how our project turned out. Our team work and our advisors made all the difference.
The three years I spent at McGill in nursing were challenging, interesting, stressful, and fruitful. I was excited about school when I started, and I feel the same way now that I have finished.

The friendships I have made mean a great deal to me, and I hope that I was able to support my classmates as much as they supported me during our training together. Mostly, I hope to be a thoughtful, caring, and informed nurse because of my experience. One of the best parts of this program, for me, was being able to (hopefully) help the new students starting in the direct entry stream; I hope that this support continues for new students in the years to come.

Thanks to all the teachers and staff that helped to make my education interesting and meaningful. Currently, I am traveling with my husband, and thinking about what kind of nursing to do when we return to Canada.
I work as a registered nurse in Attawapiskat, Ontario, which is a Native community on the James Bay. Due to the remoteness of this fly-in community, there is not always a doctor in the hospital so the nurses work in the expanded nursing role. I work on both the clinic and the ward of the hospital.

The position is great for utilizing assessment skills and is a challenge as I am constantly learning new things. This position includes assessing patients, diagnosing, and if the health concern falls within our scope of practice then prescribing and dispensing medications. If the health concern is complicated, we consult with a doctor. The job is quite the adventure because I live on an isolated Native reserve and it is going to be quite cold and dark for the next couple months!

Although I enjoy working with Native people, I am not very fond of the cold. But the cold brings good things like the ice roads, which makes the community less isolated and perhaps the cost of food will decrease so I don’t have to pay $13 for four peaches. Overall, I am enjoying the great adventure of the north and the challenge of this position!
Starting in June 2011 following a brief moment of blissful relaxation from school, I was hired at the Neonatal Intensive Care Unit of the Jewish General Hospital. Having done many clinical rotations, I was drawn to the JGH for many reasons. The self-contained nature of the hospital, the population served therein and the option for further education were all attractive aspects. However, if these were the reasons I was drawn to my current job, the reason I have stayed is a combination of the intense professional support I’ve received and the challenge of an entirely novel clinical experience.

Be you in a Bachelor’s program or at the Masters level, the NICU is a rare specialty that few of us experience. Upon starting there, I struggled to recall the half-day of observation I had experienced during my Maternal-Child Health placement at the JGH, now long-time forgotten. I find myself in a hospital setting that challenges my clinical and family nursing skills, while providing me with a diverse group of women (and 2 men, myself included) with a vast knowledge and immense skill set from which to learn.

In proximity with so many skilled nurses and medical professionals, I couldn’t suggest a more interesting challenge or a better place to feel appreciated and valued as a novice RN. Thanks, in large part to our Masters program, I gambled, hoping that our learned courage to walk into any hospital room would pay off and get me through the initial shock. Five months into this position, I can sincerely say the gamble was worth it.
Supporting Women with Advanced Breast Cancer: 
The Impact of Functional Status on Social Roles 

By: Bai Qi Peggy Chen, BSc, MSc(A) Student 

Supervisors: Kimberley Gartshore, CNS, MSc(A) & Monica Parmar, CNS, MSc(A), PhD 
Student 

Abstract 

Purpose: Early detection of breast cancer and the progress of treatment modalities have led to reduced mortality rates. Despite longevity, metastasis-specific symptoms continue to impact patients’ functional status and quality of life. Improved understanding is needed to develop interventions tailored to the needs of individual patients and to promote the integration of supportive interventions throughout the trajectory of care. The aim of this study is to explore the social roles of women in the context of advanced breast cancer and altered functional status. 

Methods: Purposive sampling was used to recruit ten women with metastatic breast cancer and altered functional status from an urban university-affiliated Cancer Centre. Qualitative descriptive design through the use of semi-structured interviews was implemented. Interview transcription, coding, and content analysis were performed concurrently with data collection. 

Results: Two themes emerged from the data including: Redefined Social Roles, which encompassed decreased participation, the struggle to maintain normalcy, and adapting existing relationships; and Transformation of Perception through reflection on living with new challenges, learning to accept help, and relinquishing roles. 

Conclusion: The results of this study illustrate the adaptive experience of the social roles of women with advanced breast cancer and altered functional status. These findings highlight the need to have assessments and interventions that include psychosocial, educational, and rehabilitation support to improve quality of life and adapt functioning of these women through the use of collaborative practice. Further research and increased resource allocation is needed to aid in the integration of these supportive care processes.
Meaning-Making Processes within the Context of Cancer Caregiving: 
A Journey through Caring

By: Leanna MacIsaac BSc, MScA(c)

Supervisors: Anita Mehta N, PhD & Virginia Lee, N, PhD

Abstract

Purpose: Caring for a family member with cancer represents a challenging experience that may cause great psychological distress. Finding meaning within experience of cancer has demonstrated positive benefits in the psychological adjustment of patients, yet remains largely unexplored with their family caregivers. The study purpose was to explore how family caregivers engage in meaning-making processes within the context of cancer caregiving.

Methods: A qualitative descriptive design was used to investigate meaning-making in a convenience sample of 6 participants (consisting of three husbands, two daughters and one wife). Data collection consisted of audio-recorded semi-structured interviews and written field notes, which were analysed using a content analysis approach.

Results: Findings highlight three phases of the cancer caregiving process. ‘Initiation into caregiving’ describes the emotional processing of diagnosis, as well as the caregiving role. “Living as a Caregiver” represents the struggle caregivers experience to cope with the losses, demands, and burden of caregiving and the final phase of ‘Caregiver Transformation’ is described as an end-process through which benefits may be experienced from meaning found. The journey to find meaning within the experience was positively influenced by caregiver ‘personal philosophies.’ Moreover, three caregivers described an ‘inspirational moment,’ in which the meaning-making process was accelerated by a single caregiving encounter.

Conclusions: Findings from this study help enrich existing knowledge of meaning within cancer caregiving and aid in the development of new, as well as strengthening existing interventions for this vulnerable population.
The Nurse-IBCLCs’ Perceptions of their Role in a Tertiary Care Hospital

By:
Tatiana Luchianic, BSc., MSc, M.Sc. (A) & Brigitte Maillet, BSc., MSc, M.Sc. (A)

Abstract

Purpose: International Board Certified Lactation Consultants (IBCLCs) are known to contribute to positive breastfeeding outcomes. IBCLCs who practice in hospital settings are often nurses with the additional IBCLC credential who assume the dual complementary role of Nurse-IBCLC. There is a paucity of literature on Nurse-IBCLCs and an absence of studies that examine the role of Nurse-IBCLCs and the facilitators and challenges to their successful role implementation. As such, the purpose of this study was to describe Nurse-IBCLCs perceptions of their role and their perceptions of the key factors that facilitate and inhibit the enactment of their role.

Methods: The study was conducted on the Postpartum Unit and Neonatal Intensive Care Unit (NICU) of a tertiary care hospital in Montreal, Quebec. A descriptive qualitative study design was used and a purposive sample composed of 9 registered nurses who were IBCLC-certified was recruited.

Results: Results indicated that Nurse-IBCLCs perceived their role to be multifaceted, including elements of teaching, consultancy and mentorship. They felt that Nurse-IBCLCs required compassion, leadership and a strong commitment to breastfeeding. Participants identified role clarity, role recognition and organizational support as key factors impacting the implementation of their role.

Conclusions: The study’s results suggest that the Nurse-IBCLC role is complex and requiring of multiple competencies such as organizational and communication skills. By identifying key Nurse-IBCLC attributes and organizational structures supportive of successful role enactment, this study has significant clinical and administrative implication.
Parents’ Perceptions of a NICU Discharge Preparation Program

By: Natasha Burnham BSc, MSc(A)
Supervisors: Nancy Feeley, PhD, N; Kathryn Sherrard, MSc(A), N

Abstract

Purpose: Discharge from the neonatal intensive care unit (NICU) is an anxiety provoking experience for parents. Many parents do not feel ready to bring their baby home. This study sought to discover what parents need to feel prepared for discharge from the NICU. Specifically, what content should be included in a NICU discharge preparation program, as well as when, how, and by whom it should be provided.

Methods: A qualitative descriptive design was used. Face-to-face, semi-structured interviews were completed with twenty parents. Data underwent qualitative content analysis to produce a descriptive summary of parents’ perceptions.

Results & Conclusion: Parents indicated a need for information and hands-on experience to enhance their readiness for discharge. Observations of their infant and the NICU environment impacted parents’ perceptions of their infant’s readiness for discharge. Finally, parents require tailoring of information and experiences to meet the unique needs of their family.
Exploring the Needs of Moderately to Severely-Ill COPD Patients in Advance Care Planning

By: Marylise Nguyen, Bsc.N, MScA(c)

Supervisors: Joubert, A., Chamber-Evans, J., Drouin, I., Ouellet, I.
Montreal Chest Institute, McGill University Health Centre

Abstract

Background: COPD’s unpredictable illness trajectory makes it difficult for patients to plan for the end-of-life (EOL). In studies, there is no clear consensus on what the needs for EOL are, or under which conditions advance care planning (ACP) can be best approached with COPD patients. A DVD was developed in the province of Québec as a tool for facilitating ACP.

Objective: The primary purpose of this study is to better understand the perceived needs of COPD patients from different illness severities around the approach to advance care planning (ACP). The secondary purpose is to investigate the usefulness of a DVD in meeting the needs of COPD patients at the Montreal Chest Institute.

Methods: A qualitative descriptive design was used to obtain rich data from 12 patients, four from each MRC categories 3, 4 & 5. Participants were recruited at the COPD clinic at the Montreal Chest Institute and were interviewed about their perceived needs on ACP. After viewing the DVD they participated in a second interview about their perceptions of its usefulness for approaching ACP.

Results: There were very little differences in discourse between patients of varying illness severities. However, severely-ill participants were more likely to have made EOL decisions and to have shared these wishes with their treating team. Moderately-ill participants ranged from being unable to discuss ACP to strongly desiring an EOL conversation. Themes elicited from participants of all illness severities confirmed that a large amount of mental work is needed to accept one’s own mortality. A mental model was created to explain how patients engage in ACP. In general, participants who were receptive to EOL issues enjoyed the DVD.

Conclusion: It seems that health professionals cannot solely rely on illness severity for initiating ACP. Rather, patients from MRC 3, 4 & 5 should be approached, as long as the nurse remains sensitive to emotional cues. The DVD is a good medium for facilitating ACP discussion, but would be more effective if patients were screened prior to viewing. Self-report questions could be added to the COPD Action Plan and a checklist to the patient’s care plan to enhance ACP follow-up. Future research could examine age, gender, number of comorbidities and marital status as factors determining readiness to participate in ACP.
Family Satisfaction with Care in the Intensive Care Unit

By: Yajun Liang, MScA(c)

Project Supervisors: Joanna Bailey, BA, RN, MSe (A)
Clinical Nurse Specialist, Intensive Care Unit Patient and Family Support Program
Jewish General Hospital, Montreal, QC

Abstract

Background: Family satisfaction with the care being given is being increasingly recognized as a key outcome indicator to guide quality improvement initiatives at intensive care units. Variability in satisfaction ratings across settings indicates the need for site specific family satisfaction assessment in order to identify the priority for improvement.

Methods: A quantitative study about family satisfaction with the care given at the ICU has been conducted at the Jewish General Hospital. The 24-item Family Satisfaction in the ICU (FS-ICU) was chosen for use and 278 surveys were sent out for family members of survivors and non-survivors, with a response rate of 36.7% and 20.8 % respectively.

Results: Overall, most families in this study were satisfied with the care provided to them and their critically ill family member in this ICU setting; however, opportunities for improvement were identified. The item 13 (atmosphere of the ICU waiting room) and the item 15 (physician communication) fell into quadrant A in the performance-importance grid.

Conclusions: These items are highly correlated with the overall satisfaction, but since they received the low performance scores, it is believed that spending efforts in these two areas will likely improve the overall satisfaction of family members with care.
Re-visiting the Emergency Department: What Can We Learn From Older Adults’ Experiences?

By: Victor Uscatescu M.Sc.(A) Student

Supervisor: Alyson Turner, RN, MSc(A) Nursing, MSc

Abstract

Introduction: The unscheduled return visits to the emergency department (ED) represent a considerable segment of the older adults’ total visits to ED.

Purpose: This study is interested in the ED utilization, and more specifically the return visits to the ED by older adults. Method: A qualitative descriptive design was used. Fifteen semi-structured interviews were conducted with older adults at a teaching hospital ED.

Results: Experiences of medical symptoms, experiences of care and experiences of personal and external factors have been identified as factors that lead to the older adults’ return to the ED.

Conclusion: The results suggest that older adults’ return to the ED is well founded and the severity of symptoms experienced by older adults is the main factor in the decision to return to the ED. The timeliness of follow-up appointments has been identified as a potential modifiable factor that could impact the return visit rate.
Patient’s Experience of Quality of Care in an Oncology Clinic

By: Marjorie Jack
Supervisors: Luisa Luciani Castiglia and Andrea Witkowski.

Abstract

Background: Obtaining patient feedback is essential to guide continuous quality improvement initiatives. In the ambulatory oncology setting, patient satisfaction has typically been used to obtain this feedback, but this concept may not best represent quality of care.

Purpose: The purpose of this study was to explore the patient’s experience of quality of care in an oncology day center.

Method: A qualitative descriptive design was used. A convenience sample of nine participants participated in semi-structured interviews. The transcribed data were analyzed using content analysis.

Findings: Two themes emerged from participants’ descriptions: 1) quality of care attends to patients’ needs and is described in terms of positive feeling states, and 2) quality of care is embedded in a patient-centered environment. Staff actualized components of quality of care, which were identified as collaboration, informational support, continuity and coordination of care and a healing atmosphere.

Discussion: The findings highlight that patients define quality of care, not only in terms of care received, but by how it makes them feel when it is present. In addition, a patient-centered approach is a central aspect of quality of care, whereby “knowing the patient” enables the staff to better understand the patient and tailor individualized interventions. Finally, it is possible to create a healing atmosphere in an oncology clinic by team members diffusing a positive and friendly attitude.

Conclusion: These findings may guide initiatives, which support caring staff behaviours and a healing environment that promote positive feeling states for cancer patients.

~ Thank you to everyone for their contribution to this issue!