

FOCUS

NURSING

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The Dawn of a New Era



McGill

Ingram School of Nursing
École de sciences infirmières Ingram

Ingram School of Nursing McGill University January 2013

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And a host of alumni

Special thanks to Owen Egan, Paul Fournier and Nicolas Morin for photographs taken at our convocation receptions and renaming event and to I-Nan Chen for the poster series on which the retrospective on pages 10 and 11 is based.

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Faculty of Medicine
Ingram School of Nursing

It is my pleasure to connect with you once again and bring you up to date on the remarkable events of the past couple of years. There is much to tell, as the last issue of *Nursing Focus* was deferred because of a labour dispute involving McGill's administrative support staff that lasted throughout the fall of 2011.

Perhaps the most dramatic event for nursing during 2011 was the vote of the general assembly of the Ordre des Infirmières et Infirmiers du Québec (OIIQ) to go forward with the baccalaureate requirement for entry to practice. After this exciting news, the winter and spring of 2012 were marked by unrest as students "occupied" the McGill administration offices and students across Quebec began a six-month protest over a tuition increase. Despite this social backdrop, work continued and major projects have come to fruition.

You may have noticed a change to the cover of *Nursing Focus*. There are a number of reasons for this change. In the pages that follow, you will read that a behind-the-scenes but longstanding advocate of nursing, Richard Ingram, made a major donation to the School in support of the McGill Nursing Collaborative. The goals of his donation are to enhance the educational experiences of graduate students, support clinically based nursing research within the McGill nursing network, and increase the depth and scope of nursing research in the McGill community. Mr. Ingram's donation has been augmented by contributions from the University and from the hospital foundations of the Jewish General Hospital and the McGill University Health Centre. These contributions have also enabled the University to create the Susan E. French Chair in Nursing Research and Innovative Practice, the first fully endowed nursing chair at McGill, and have led to the renaming of the School of Nursing in recognition of Mr. Ingram's support. At the same time, Wilson Hall, with its badly damaged foundation, leaky roof and severely weakened exterior walls, had become a serious concern for us, as occupants, and for the University. Following a visit from Quebec government officials in the spring, a commitment came for major investment in the reconstruction of this heritage building. Considering these events, you will understand why our cover has been changed.

The first story brings us back to the OIIQ endorsement of the bachelor's degree for licensure in nursing. Margaret Hooton, one of

the School's best-loved educators, recounts the story of Iceland's transition to the BScN requirement in the 1970s and 1980s. Her story highlights the importance of understanding history, culture, economics and the political system when implementing change — lessons that remain relevant for us today as we wait to see what Quebec's next move will be. This issue of *Nursing Focus* will introduce (or reintroduce) you to five of our faculty members: Jane Chambers-Evans, Sean Clarke, Maria Di Feo, Françoise Filion and Lia Sanzone. The enthusiastic commitment of these educators to the School has brought new ideas and approaches, energizing everyone around them. Sean Clarke writes about the Collaborative and his role as chair in enabling the initiative to meet its goals. Pages 10 and 11 are a collage of photos displayed at the celebrations on September 10th. There are also stories by alumni and students recounting their experiences in Bangladesh, Inukjuak, Latvia, Panama and Tanzania and their work with peer support, tuberculosis screening and remodelling of the family room at the Montreal Chest Institute.

Johnny Sit, president of our alumni association, shares plans for various events during the year. I encourage you to accept his invitation to get together with former classmates and to share your stories with us. I look forward to continuing opportunities for us to celebrate together.

Hélène Ezer celebrates the dawn of a new era for the nursing profession.



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A Word From the Alumni President

Johnny Cheung Hei Sit

Let me introduce myself. My name is Johnny Cheung Hei Sit (BScN '07) and I am the (relatively) new president of the McGill Nursing Alumni Association. For four years I worked alongside our past president, Rachel Boissonneault, on building connections with our nursing alum.

As McGill nursing alum, we can help our students to become the leaders of tomorrow. By participating in our events, you can share your passion and inspire nursing students to pursue a career in the specialty in which you are working. In January 2011 and January 2012, we held the second and third instalments of the annual Speed Nursing event. Many nursing students attended in order to learn more about the various nursing specialties and roles from the presentations of McGill nursing alum practising in a range of settings. This popular event showcases the world of possibilities that nursing offers to both undergraduates and graduates. It is truly inspiring and motivating to see the career opportunities that are open to them. Let me extend a special thanks to all who attended and all who contributed to the success of Speed Nursing in 2011 and 2012.

This year we worked very hard to organize even more events to bring nursing alum together and create new links to keep us all in close contact. We scheduled two get-togethers in October 2012 in conjunction with McGill Homecoming: a tour of Wilson Hall and the Nursing Learning Lab followed by tea and a discussion with Dr. H el ene Ezer, director of the Ingram School of Nursing; and our first-ever nursing alum dinner, held at the Queen Elizabeth Hotel.

Every year the Ingram School of Nursing disburses scholarships and awards to help students attend conferences. This support allows students to devote more of their time to their education, worry less about finances, and benefit from the ideas and energy that are shared during conferences. These awards are made possible by the dona-

tions of our generous McGill nursing alum and I would like to take this opportunity to thank everyone who has contributed. It may not seem like much to you, but your donations provide enormous support. Your generosity makes awards possible and in this way promotes excellence at the Ingram School of Nursing.

I hope to meet you in the near future at one of our events. If you have any suggestions for our Association, please send us an e-mail (alumni.nursing@mcgill.ca). Meanwhile, if you change your address or any of your contact information, remember to update your profile on the McGill AlumniOnlineCommunity Web site (<https://www.alumni.mcgill.ca/UserLogin.php>).

I would like to extend a heartfelt thank you to the previous team of dedicated volunteers for their faithful service and hard work on behalf of all alumni. In addition to Rachel Boissonneault (BScN '01), they are Sasha Dyck (MScA '08), Josette Perrault (BN '06) and Taunia Rifai-Archer (BScN '10).

At the same time, let us welcome our current team of volunteer alum: Molywan Vat (BScN '11), Han Xiao (BScN '11) and Katherine Yen Yu (BScN '11). We all look forward to serving you and working with you in the years ahead.

For an electronic version of this publication, visit www.mcgill.ca/nursing/alumni/newsletter/

WHAT'S NEW WITH YOU?

The Alumni Association welcomes personal updates and short articles on issues in nursing from graduates of the School. Be sure to include your name, degree/year, current position, postal address, telephone number(s) and e-mail address.

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The announcement that the Ordre des Infirmières et Infirmiers du Québec is endorsing the bachelor's degree as the minimum requirement for licensure reminded many of us how long and difficult the road to university education for nurses has been. The challenges were fresh in my mind this past summer when I reconnected with Margaret Hooton, a retired faculty member and former director of our BScN program. The story she recounted about her work in Iceland on university education for nurses was fascinating. Happily, Marg agreed to retell the story on tape so that I could share it with our readers.

— Hélène Ezer

Nursing Education Reforms in Iceland

Margaret Hooton



In the mid-1970s the Nursing Department of the World Health Organization had taken initial steps to develop a curriculum that would lead to a bachelor's degree in nursing in Iceland, a country that at that time had no university program in this discipline. The initiative ran into financial difficulties, and Dorothy Hall, a Canadian nursing consultant with the World Health Organization, contacted Huguette Labelle at Health and Welfare Canada to see if there was anything Canada could do to help keep the program going. Labelle in turn got in touch with Joan Gilchrist, director of the School of Nursing at McGill. Joan approached me to see if I would go to Iceland to help sort things out. I asked, "Who wants me to go?" Joan replied, "I want you to go, and I want you to go *now*."

I had no idea what I was getting myself into, but arrangements were made for my flight and for my stay in Iceland. My trip was sponsored by McGill University and the World Health Organization and my accommodations would be taken care of by the University of Iceland. I arrived in Keflavik very early in the morning. It was pitch black, there was no one there to greet me and I faced a two-hour bus ride to Reykjavik.

Later that morning I met with Ingibjörg Magnúsdóttir, director of the nursing school, and with the rector of the University of Iceland. My impression was that my mandate was to help them learn how to use clinical facilities, but the rector asked me how I was going to make this course relevant to Icelanders. "Course? What course?" I thought. I collected myself and said that if I was to fulfil my mandate, I would need access to the clinical area in which the students were learning. Well, it turned out that no university faculty in Iceland nor any previous consultants had ever been involved in the clinical field in this way.

After I had taken a look at the course description, I asked to see their library — and quickly realized that the

literature available was inadequate. I placed a call to Huguette Labelle and told her that I needed to return to Canada right away in order to gather resources for the course. Within the hour, I had a cab waiting to get me on the next flight to New York, which was due to depart later that afternoon. In the few minutes that I had available, I sat down with Ingibjörg again to find out more about the course and about basic education for nurses in Iceland. Thankfully, the course had been structured based on the University of Iceland's science requirements, which were similar to those for the McGill program.

Upon my return to Canada, I went to the School of Nursing and proceeded to photocopy mounds of important articles. I boxed books, papers, and anything else that might be useful and took the boxes with me on the next flight to Iceland. I met immediately with Ingibjörg. Christmas was approaching and she asked me how much time I would need to teach the course. I said that I would not be able to do it within four weeks but perhaps could do it in five. I was worried about the students' Christmas break, but Ingibjörg simply said that everyone would work through the holidays and that the work would begin the next day.

On the first day of class things got off to a rocky start . . . because I got lost. I stepped off the bus and walked for two hours trying to find my way. The class was to begin at 9 a.m. and I arrived at 11. Everyone was there waiting and asked where I had been. I replied that if I knew where I was, I would have been in class sooner! This broke the ice and we started to talk.

There were 16 students in the course. Their fluency in English was rudimentary — they could speak street English, picked up from watching English television. They wanted to know if they were like the students I taught at McGill and I told them they were. But I was in constant culture shock. Doors to the patients' rooms were always closed and male and female patients shared the same room. Also, I was struck by how highly motivated the students were. I discovered that Icelandic society is one of the most educated in the world. There were books everywhere — as well as five daily newspapers. Ingibjörg explained that when they had decided to offer a nursing course at the university, there was no resistance from parents because the parents were all university-educated themselves. In North America nursing was considered a trade in the eyes of the public, whereas in Iceland it was considered a profession. While Ingibjörg had enough support from the nurse leaders in the hospitals, the challenge was to make nurses understand what should be expected of BScN nurses, which would be different from what was expected of graduates of diploma programs.

I spent a lot of time trying to communicate the importance of clinical practice. I started off talking to the course teachers, then moved to the nurses in clinical settings, and finally spoke with people in the ministries of health and



Nursing directors from across Iceland gather in Reykjavik in 1977 to discuss the roles of new BScN graduates. Margaret Hooton can be seen standing in the background (on the left).

education. At this point I was travelling to Iceland twice a year to give the course. I should explain that the existing schools of nursing had been established by hospitals, and that the founding of the university program led to competition between the universities and the hospitals — at every level. The minister of health wanted to know what they needed to do to avoid repeating the mistakes of others. My first recommendation was that the title of “nurse” be assigned only to university graduates. He said that this would not be a problem as no other personnel had the word “nurse” in their title. “Then,” I continued, “you have to decide where you need to place nurses. For example, how are you going to sort out the differences between nurses with a diploma and those with a baccalaureate?” The minister replied, “I am not pouring all this money into a bachelor’s program not to get any benefit from it. Maybe the diploma program needs to be terminated.”

I toured the countryside with the minister for three days to see how health care was being delivered in Iceland. I remember visiting a barn where a woman was giving birth. Icelandic women are unique: When the fishing fleets are out at sea, the women run the country. I got a real feel for the country, its culture, how people lived and their challenges and strengths. During my conversations with the minister, I learned that according to Icelandic law nurses were answerable to doctors. I told him that I was not involved in educating nurses at university to have them end up having to wait for decisions by doctors. Not long after that, the minister informed me that the law had been changed and nurses were now answerable to nurses, not to doctors.

In 1977 the minister of health expressed a desire to involve all of the directors of nursing in the different institutions in helping the new BScN graduates to maximize their contribution to practice. He wanted some bang for his buck! He invited all of Iceland’s nursing directors to gather in Reykjavik to meet with Ingibjörg and me in order to discuss how to operationalize. My responsibility was to first learn from the directors and then help them to work effectively with their nursing staff. When I first spoke with them, I asked if they ever got together. They replied that this was the first time ever.

I had brought videotapes to help start the discussions. As luck would have it, of the two videoplayers in Iceland, one was out with a fishing fleet and the other was in use at a television station. I had to find another way. So Ingibjörg and I constructed six or seven different clinical situations for role playing. My intention was to help the nursing directors tease out how a university graduate might be expected to behave. I played the head nurse and one courageous nursing director who had practised in the United States played the university graduate. Lively discussions took place in large and small groups even though the directors were not used to taking on this kind of investigative role. I put the emphasis on having the students learn how to study nursing, not how to practise it.

This work went on for five days and ended with an elaborate dinner and reception hosted by the ministry. The nursing directors were so honoured by the minister’s recognizing their role and bringing them together for five days that they rose to the challenge. One politician leaned across the dinner table and said to me in an accusatory tone, “So you are the one responsible for making all this trouble!” The meetings of the nursing directors ended up being a resounding success. When I was asked why I had the energy to carry out this project, my response was, “You do a lot of things when you have no choice.”

By the time I left, I had dealt with students, nurses, nursing leaders, the ministries of health and education, and the Icelandic parliament. Ingibjörg told me that when we first met she could tell that I was Canadian because “Canadians don’t tell us what to do. We know what we need to do — we just need someone to show us how to do it.”

In 1984 Iceland terminated its nursing diploma programs and instituted the baccalaureate in nursing — without any problems.

JANE CHAMBERS-EVANS

Jane Chambers-Evans was awarded the Valerie Shannon Award of Excellence for Innovative Leadership at the 2012 McGill University Health Centre (MUHC) Nursing Awards of Excellence.

The Ingram School of Nursing is very proud to have Jane as a longstanding faculty member. We take pride in her many achievements at the School and her tireless and extraordinary contributions to the nursing community at the MUHC and beyond.

Innovative Leadership is a fitting award, as these two concepts so accurately characterize Jane's work.

Following many years of service in Ontario and Nova Scotia, Jane joined the Montreal General Hospital staff in 1990. After 14 years as a clinical nurse specialist in critical care at the MGH, she has been a nursing practice consultant at the MUHC since 2005. She has also served as clinical ethicist at the MUHC for several years and has held numerous appointments in that role at various Montreal hospitals. She has been an ethicist for the Research Ethics Board of the Psychiatry/Psychosocial Committee for the Royal Victoria Hospital since 2004. In addition, Jane recently completed an interim appointment as MUHC Associate Director of Nursing for Clinical Practice and Staff Development.

Jane has held important academic appointments at McGill. She is currently an associate professor at the School of Nursing and an affiliate member of the McGill University Biomedical Ethics Unit. She has been a thoughtful and innovative faculty member in many components of our undergraduate and graduate programs, as well as in academic programs in Medicine. In recent years she has been teaching nursing ethics courses in our undergraduate and graduate programs and also supervises student research projects.

Jane has published several scholarly articles and has presented a staggering number of invited lectures in Quebec, across Canada and internationally.

Despite her numerous responsibilities, Jane has always sustained the quality of her work. She was named undergraduate Teacher of the Year in 2005, 2007, 2008 and

2011, an honour bestowed by the graduating class. In 2005 she was awarded the highly prestigious Prix Florence by the Ordre des Infirmières et Infirmiers du Québec.

We at the Ingram School of Nursing join our MUHC partners in recognizing the innovative leadership provided by Jane Chamber-Evans. Her tremendous contributions have inspired important advances in the development of nursing at McGill, the MUHC and beyond. This is truly a well-deserved award.

Franco Carnevale

FRANÇOISE FILION

The Ingram School of Nursing undergraduate faculty welcomed a dynamic new colleague in 2010 when Françoise Filion joined us as a full-time faculty lecturer. Françoise's experience spans the worlds of nursing practice, education and research — an ideal background for helping our students integrate their knowledge and become the nursing leaders of tomorrow.

Françoise earned a BScN from Université de Montréal in 1981, then worked for four years at the Jewish General Hospital on the medical/cardiology floor and in the surgical intensive care unit. Following completion of a master's degree in community health at Université de Montréal in 1986, she worked at McGill's Student Health Services for six years, first as a health educator and then as nursing coordinator.

After completing one year of PhD studies in nursing at McGill in 1996, Françoise served as research manager for Celeste Johnston's world-renowned program of research on neonatal pain. She continued to work on this research until Celeste's retirement last year. For the past three years she has been involved with Préma-Québec, giving presentations on issues such as neonatal

pain to multidisciplinary audiences across Quebec.

Françoise is co-author of over 45 works related to the behavioural assessment of neonatal pain, nursing interventions to reduce procedural pain in neonatal and pediatric intensive care settings, and knowledge translation in the field of neonatal pain.

In 1996 Françoise also joined the nursing faculty



SPOTLIGHT ON FACULTY

at Université de Montréal, where for the next 13 years, as a faculty lecturer, she taught courses in research methodology, cultural diversity and community health. She was an active member of numerous committees at Université de Montréal, including the board of governors, where she served four years. Based on her extensive experiences both conducting and teaching research, Françoise has co-authored two books and two book chapters on research methodology.

Since coming to the Ingram School of Nursing in August 2010, Françoise has returned to her roots in community health, teaching third-year undergraduate students in the community health program. She has also enthusiastically embraced several new experiences, including clinical teaching in the first-year undergraduate course *Promoting Young Family Development*, representing McGill within the Canadian Association of Schools of Nursing and serving on the board of directors of La P'tite Maison, a community organization working with underprivileged families.

Françoise brings to us a wealth of expertise, a love for teaching, a readiness to take on new challenges and a store of innovative ideas.

Sonia Semenic

MARIA DI FEO

In March 2010 Maria Di Feo came to the Ingram School of Nursing to take on the daunting task of student placements. Not only was she faced with placing some five hundred undergraduate and graduate students in hospital and community settings, but she had to learn how to use a complex database in order to do so. This newly adopted province-wide system required training and tweaking to meet our unique needs. With Louise Murray from the McGill University Health Centre, Maria co-chairs and has revitalized the moribund Clinical



Resource Committee, which has since made considerable progress on a number of initiatives. Throughout a challenging year, Maria has been a trouper. She is unflappable, positive, and modest about her accomplishments.

Before coming to McGill, Maria taught at Vanier College and

twice substituted for their clinical placement coordinator during maternity leaves. She holds a bachelor's degree from Université de Montréal and is now studying for a master's in education at McGill on a part-time basis.

Fun fact about Maria: She has a diploma in tourism — which she puts to good use! When she's not busy working, studying or looking after her active nine-year-old daughter, Maria indulges her love of travel.

She has been a genuine asset to the School and has brought much needed calm and efficiency to the often unpredictable arena of student placements. We hope Maria will enjoy her time with us and we wish her success in her dual role of student and faculty member.

Marcia Beaulieu

LIA SANZONE



Having made so many contributions to the Ingram School of Nursing over the course of her career, Lia Sanzone is not really new to the School, but we are most fortunate that in 2011 she joined us as a full-time faculty lecturer.

Lia stood out early in her nursing life. Mentored by Professors Margaret Hooton and Cheryl Jackson, she published one of

her final-year BScN papers, "Portrayal of Nurses in the Media," in the journal of the Ordre des Infirmières et Infirmiers du Québec. After graduating in 1989, she went on to spend most of her clinical career in community health nursing, taking on leadership roles, including coordinator of Enfance Famille Jeunesse (EFJ), consultant in EFJ and interim director of nursing at CSSS de la Montagne.

Lia is no stranger to academia, having taught several McGill courses, including *Issues in Women's Health* and *Families and Health Behaviour* as well as the clinical courses *Nursing in Illness* and *Clinical Laboratory in Nursing*. She was extremely helpful as a community liaison representative at the Pediatric Think Tank as the McGill Anglophone CEGEP Consortium and the McGill University Health Centre sought to establish a core curriculum in pediatric education for our nursing students.

SPOTLIGHT ON FACULTY

Her expertise is acknowledged in two books authored or co-authored by Dr. Laurie Gottlieb, *The Collaborative Partnership Approach to Care: A Delicate Balance* (2006) and *Strengths-Based Nursing Care: Health and Healing for Person and Family* (2012).

“Trilingual,” “energizing,” “creative,” “extremely knowledgeable,” “in touch with the real world” and “clinical expert” are but a few of the words and phrases that have been used to describe Lia, who describes herself as “passionate about nursing.” “I truly believe in nursing in every way,” she says. “It is a real life science in caring that requires vast knowledge . . . everybody has potential.”

We are thrilled to welcome Lia Sanzone as a member of our full-time teaching cadre. She is most involved with our U1 BScN students as a teacher and U1 coordinator. Lia also co-chairs a group within the McGill Réseau Universitaire Intégré de Santé. Maybe we can convince her to publish a sequel to her undergrad paper, titled, perhaps, “Portrayal of Nurses in the Media — Twenty-Five Years Later.”

Madeleine Buck

SEAN CLARKE

Sean Clarke joined the School on July 1, 2012, as professor, inaugural holder of the Susan E. French Chair in Nursing Research and Innovative Practice, and director of the McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centred Care. He will be leading efforts to enhance nursing research and nurse-led transdisciplinary research, develop nursing leaders with skills in nursing education, and promote and facilitate research-informed nursing practice that meets the health needs of patients and their families. His role goes beyond the traditional role of chair holder, to include the facilitation and support of other researchers, advanced active clinicians and students.

Sean is no stranger to Montreal or to Quebec. He is a graduate of McGill’s direct-entry master’s and PhD programs. He held a postdoctoral

fellowship in nursing outcomes research at the University of Pennsylvania. Prior to his return to McGill, he held the RBC Chair in Cardiovascular Nursing Research at the Bloomberg Faculty of Nursing, University of Toronto, with an appointment at the Peter Munk Cardiac Centre in the University Health Network.

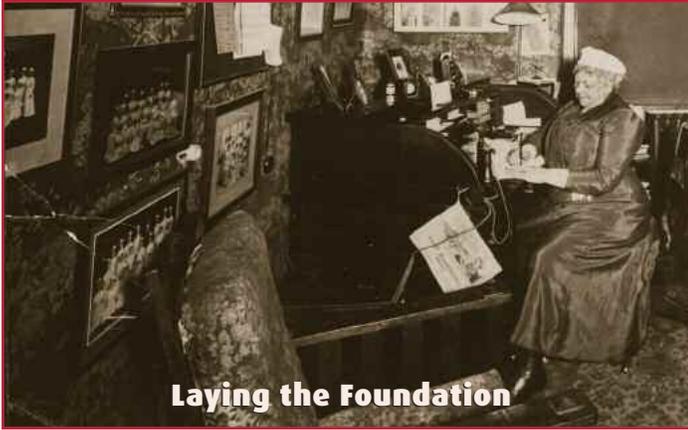
Sean brings expertise in health-services research, specializing in organizational aspects of quality and safety in acute-care hospitals. He has extensive teaching experience and has given courses in health policy, health-care leadership, and program planning and evaluation. He has received teaching awards at both the University of Pennsylvania and the University of Toronto. He has extensive involvement in peer review for granting agencies in Canada and the United States and he consults widely with universities, health-care organizations, and professional societies nationally and internationally. Currently he holds affiliate appointments at both the Université de Montréal and the University of Hong Kong and is a fellow of the American Academy of Nursing.

This impressive background is a perfect match for the expectations of our newly created chair in nursing. We are excited to have Sean and his wife, Beth, also an alumna of the direct-entry program (MScA ’92), back in Montreal. Sean has picked up where he left off, as energetic as ever. He has reconnected with friends and colleagues here and is creating new ties with key stakeholders in nursing and other disciplines. He never sits still!

Hélène Ezer

Sean Clarke (*left*) with David Eidelman, Dean of Medicine, at the School’s renaming ceremony, September 10, 2012.





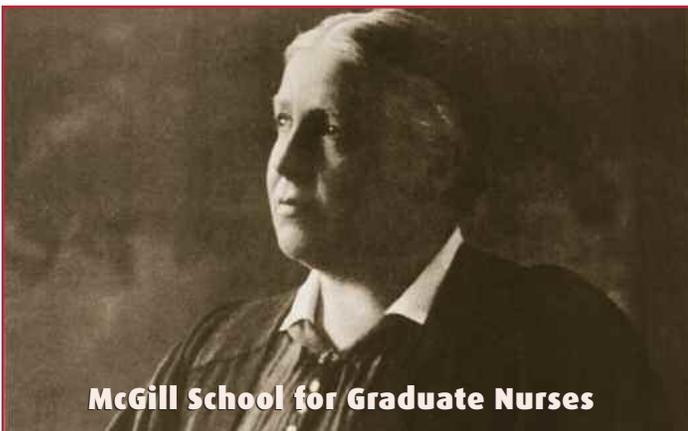
Laying the Foundation

In 1890 Nora Livingston, a graduate of New York's Training School for Nurses, was hired by the Montreal General Hospital to implement a nursing training program at the hospital. Livingston Hall at the MGH is named in her honour.



Early Years

The first graduating class of the Montreal General Hospital School for Nurses, which offered one of the early nursing training programs based on the hospital apprenticeship system. "The trained nurse has become one of the great blessings of humanity," wrote the renowned physician Sir William Osler.



McGill School for Graduate Nurses

In 1920 Mabel Hersey and Grace Fairley, directors of the nursing programs at the Royal Victoria Hospital and the Montreal Children's Hospital, respectively, presented the board of the medical faculty at McGill with a plan for a nursing school. Thus was established the McGill School for Graduate Nurses, with Madeline Shaw as its first director.



The Great War

More than three thousand "nursing sisters" served with the Canadian Army Medical Corps during World War I. From 1920 to 1923 the McGill School for Graduate Nurses was funded by the Quebec Division of the Red Cross Society, in appreciation of the services and sacrifices of its nurses during the war.



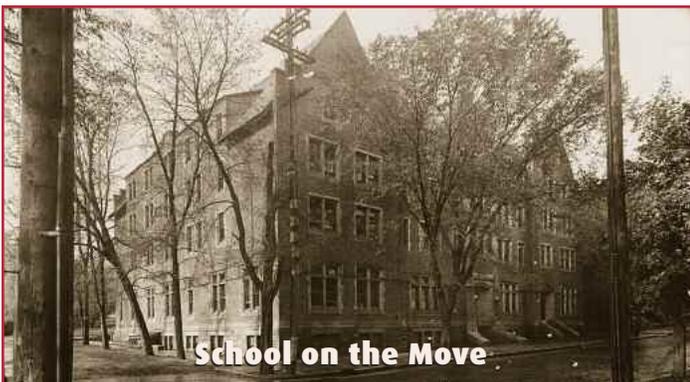
Times of Change

The 1930s were challenging times. In 1932 the School was threatened with closure due to financial difficulties. Alumni, concerned citizens, and McGill's principal, Sir Arthur Currie, stepped forward to provide support. In 1938 the School for Graduate Nurses was renamed the School of Nursing and in 1940 the Faculty of Medicine assumed responsibility for its administration.



World War II

During World War II more than five thousand women served as nursing sisters in the Canadian military. The dangers of working at the front were not restricted to land operations. Many nurses served on the hospital ships that were used to evacuate the sick and wounded for transport back to Canada. These ships were targets of enemy attack.



School on the Move

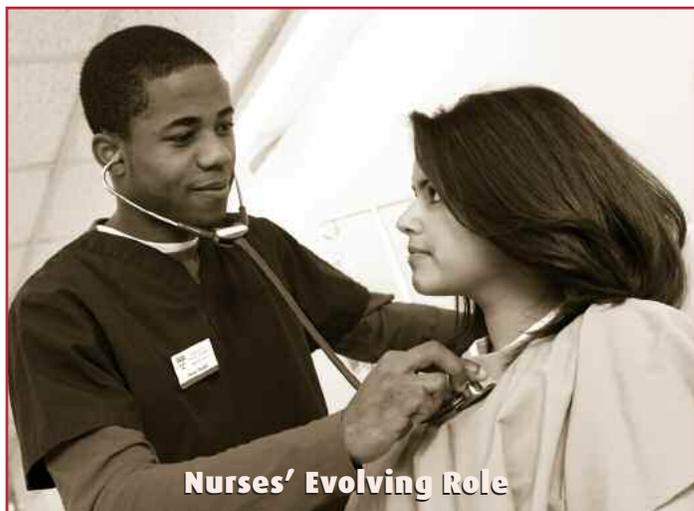
In 1957 the School of Nursing took up quarters in Morris W. Wilson Memorial Hall. This building had been used during the war to house Royal Canadian Air Force radio technicians, then as barracks for members of the University Army Corps and finally as a temporary hospital for war casualties.



Pioneering Advances

By the 1970s the McGill School of Nursing was at the vanguard of nursing practice, research and education. The School instituted a master's direct-entry program, estab-

lished a bilingual academic journal (*Canadian Journal of Nursing Research*) and introduced a ground-breaking system of care, the McGill Model, which is now applied throughout Canada and beyond. Dr. Moyra Allen, one of the country's great nurse academics, was the prime mover behind these advances.



Nurses' Evolving Role

As we embark on a new millennium, complex shifts are reshaping the health-care environment and nurses' roles are expanding and becoming more specialized. The use of sophisticated equipment, the rising demand for ambulatory care and home care, and an aging population are enabling nurses to take on new roles and to practise in a diverse range of settings.



McGill Nursing at the Forefront

Today, McGill's Ingram School of Nursing is leading the way, with nurse practitioner programs in neonatology and primary care — areas where nurses play a vital role and where medical resources are especially scarce. Master's-level students with an interest in global health participate in clinical research projects and work with vulnerable communities in Quebec and overseas.

A Collaborative Initiative at McGill

Sean P. Clarke

Susan E. French Chair and Collaborative Director

The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centred Care was formally inaugurated on September 10, 2012. It represents a key step in the growth and evolution of academic nursing within the McGill community. With the infusion of new resources, the Ingram School of Nursing and the McGill Health Network — long recognized for close connections between nursing service and faculty and for a common vision of clinical nursing practice — will take their many strengths to new heights.

One success that we will continue to build on is the partnerships between our clinical agencies, professors and master's students. For more than a decade, MScA students have been involved in planning and executing research studies that have emerged from priorities identified by nurse clinicians and leaders in the institutions. Every year, students' clinical and professional interests are matched with project opportunities and projects are co-supervised by core and affiliate faculty. The projects, clustered around several important clinical populations treated and studied within the McGill community, help to provide clinical settings with the research-based knowledge they need to ensure optimal care. Students have unique opportunities to acquire skills in conducting "real world" clinical inquiry under expert supervision. It is a clear win-win situation.

The Collaborative has a broad mandate and will involve other projects connecting the University and service partners. It is supported by a \$6-million gift to the partners from the Newton Foundation and donations to the McGill University Health Centre Foundation, the Jewish General Hospital Foundation and McGill. The goal of this initiative is to support the teaching, research and practice arms of nursing in new ways that will increase the national and international impact of our programs of research and education and of our models of clinical practice. The Susan E. French Chair was endowed by the Ingram Foundation specifically to provide the leadership needed to achieve these goals.

Our mission is ambitious. In partnership with our clinicians and with clinical agencies, we at McGill will continue to develop the knowledge needed by clinicians, leaders and policy-makers around the world to deal with the most pressing challenges of today's health-care systems. Assisted by the Collaborative, our researchers and teachers will tap even deeper into the possibilities inherent in working in

one of the world's premier universities and academic health sciences networks, and in one of its most dynamic cities and societies. Taking the interdisciplinary nature of cutting-edge health research to heart, we will also be forging new partnerships with our colleagues across the campus, the city, the province and internationally.

McGill nursing students witness the functioning of a true community of scholars and practitioners who put patients and families at the centre of care and who know how to use evidence and inquiry to improve care delivery. Assisted by the Collaborative, our programs, at all levels, will stay ahead of our fast-changing health-care system and our graduates will be equipped with clinical and leadership skills that will take them anywhere they choose to go. We want McGill and its clinical partners to be *the* destination for people around the province and the world seeking the best clinical, leadership and research training in nursing. In short, our task is to strengthen ties within this impressive community, build new ties outside our discipline and our institutions, and ensure the best possible future for nursing at McGill, aided by new sources of funding that the Collaborative will strive to secure.

On a personal note, I am thrilled to be returning home to Montreal as the inaugural Susan E. French Chair and Collaborative director, after serving at other distinguished schools of nursing and participating in efforts to bring research and practice closer together in other communities. An advisory committee comprising Professor Ezer as director of the Ingram School of Nursing, myself as director of the Collaborative, and nurse executives and directors of nursing research from both of the founding clinical partners has already begun to meet, and data gathering to determine priorities and needs has also begun.

We welcome your input about successes to be celebrated and opportunities that might be incorporated into our planning. Thank you and stay tuned!

Left to right: Richard Ingram, Susan E. French, Hélène Ezer and Sean Clarke at the School's renaming celebration held the evening of September 10, 2012.



*TB Screening Campaign
Conducted by McGill
Direct-Entry Nursing Students*

Claire Crépeau

Nurse Clinician, Montreal Children's Hospital

Shari Gagné

Faculty Lecturer

In March 2009, 11 direct-entry nursing students in their qualifying year of the master's program took the lead in conducting a targeted tuberculosis (TB) screening campaign at a Montreal-area school. The students undertook this work under the supervision of Claire Crépeau, nurse clinician in the respiratory ambulatory clinic at the Montreal Children's Hospital (MCH), and in partnership with nurses at CSSS Cavendish.

The nursing students Ouyneh Lee and Ryan Lomenda acted as project leaders. The other participating students were Sacha Jarvis, Olivia Lu, Sandra Medacovich, Tamsin Mulvogue, Meena Patel, Lauren Robar, Anya Taller, Isabelle Vaillancourt and Elana Waitzer. Claire Crépeau provided a teaching session on tuberculin skin testing (TST) administration and interpretation for the students and supervised the planning and implementation of the project. On their own time and initiative, Ouyneh and Ryan organized several further skill-practice sessions and spent an additional half day at the screening site prior to the event to educate the schoolchildren about TB and about the consent form. Multilingual pamphlets and other materials were distributed in the classrooms.

The project had six objectives: to make use of epidemiological and demographic data on Montreal's immigrant population; to expose nursing students to TB screening of a high-risk population; to plan strategies for the promotion of health/screening; to teach clinical skills in TST preparation, administration and interpretation; to help students gain expertise in organizing and following through on an intersectoral project; and to collaborate with community nurses on cost-efficient prevention strategies.

A total of 183 children at École Saint-Luc in the Montreal suburb of Côte Saint-Luc were screened on March 31, 2009. Foreign-born children in French-language "welcoming classes" have been shown to have a 27% to 32% positive rate for latent TB. Once identified, these children are evaluated by the MCH nursing and medical teams for risk of TB and a family investigation is initiated. Active pulmonary TB has been found through family investigations during this type of screening in the past. In these cases, the children are offered prophylaxis to decrease their risk of developing active pulmonary TB and adults are referred for further assessment as needed. Family-centred care is a critical element in this process, as it can

be a portal to health-services access for immigrants, many of whom are ill-prepared to navigate the system. Of the 46 schoolchildren who were found to be positive for latent TB, 27 have since completed their prophylactic treatment, 8 are almost finished their treatment, 4 refused treatment and 7 were lost to follow-up.

This project demonstrates the motivation and initiative of direct-entry nursing students in a child- and family-centred approach to health education. Through this exposure to epidemiology, TB screening, and project planning and organizing, the 11 students gained critical awareness of a global health issue and formed valuable partnerships with client/families and the health-care team. They made a difference!

*Peer Support for Students Entering
Clinical Rotation in Acute Care*

Sarina Fazio

BScN '10

Elaine Doucette

BNI Program Director

Christina Malcius

BScN '10

Peer mentoring is a popular means of supporting students in challenging learning environments. "It is concerned with providing learners with helpful and supportive networks, which can assist with socialization, and orientation into higher education and university living"¹ and can also be helpful in sustaining students, personally and professionally, in times of difficulty.

In the second year of the BScN program at the Ingram School of Nursing, students go into the hospitals for their first illness-focused clinical rotations. The hospital settings include pediatric surgical units, transplant units, oncology units and intensive care units (ICUs). Nursing students are required to care for patients and families who are undergoing the stresses of an acute hospitalization. Students may also have their first experience of a patient death, with the added burden of having to provide support to a grieving family.

A former student recalls her first clinical rotation in an ICU: "One of the biggest challenges I faced during the semester was witnessing a family grieve as a 23-year-old female, a woman my own age, was being taken off a ventilator due to irreversible brain injuries sustained in a car crash. The family's suffering was so intense it was palpable.

¹ A. Jones, "Editorial: Friends in Higher Places: We Need to Know More About the Benefits or Otherwise From Peer Mentoring in Nursing Curricula." *Nurse Education Today*, 28(3), 2008, 261-263 (the quote is from p. 261).



Peers and mentors gather in November 2012: (left to right) Carol Kwon, Eric Shamy-Smith, Virginie Constantin, Marie-Ève Salvail, Jessica Porfilio, Emma Millison-Taylor, Fannie Pinsonneault, Naomi Mpinga, Shane Anzovino, Vanessa Lavergne.

I carried some of this suffering home with me. But my fellow nursing students and my instructor supported me and encouraged me to talk about the experience. Although I am pretty sure that this part of nursing will never get any easier, I now know that I have the strength to cope with the tragedies I will inevitably face.”

The idea of forming peer support groups for nursing students in acute-care settings grew out of the need to offer students a non-intimidating environment in which to discuss their experiences. In 2009 a peer support group was formed for second-year students at the School, with a focus on such issues as stress management, coping strategies, socialization, physical and mental health, and ongoing learning in an acute-care environment.

Weekly informal meetings were held to offer students a supportive, non-judgemental environment in which to express feelings of being intimidated or overwhelmed in highly acute situations where technology and clinical experience are essential components of care.

The peer groups comprised many of the students fulfilling placements in ICUs throughout the McGill University Health Centre, while the facilitators were U3 BScN students who had completed clinical rotations in an ICU the previous year. Course coordinator Elaine Doucette oversaw the project (and has since overseen its transition from year to year).

Initially, students felt that they did not need this type of support during their rotations in acute care. As the semester progressed, however, their opinions changed dramatically. It became unnecessary for the mentors to initiate and facilitate discussions — the students sought relief and comfort from the group, describing it as a safe environment where they could freely express their thoughts and opinions as well as discuss their successes and challenges.

Students also shared a belief that the stress of various difficult situations contributed to their learning and helped them to overcome the many challenges that they faced. Ultimately, this served to build up their confidence and their will to succeed.

These group discussions positively influenced the students’ careers, whether clinical or in the field of nursing

education. Students reported that their exposure to critical care gave them the confidence to handle future situations. The valuable skills and knowledge gained in acute-care settings were transferable to other clinical and community settings and also opened up possibilities for future mentoring. Forming and continuing with clinical peer support groups helped nurses to achieve clinical competency and professional preparedness.

(The authors are grateful to Amelia Joucdar [BScN ’11] and Kamy Apkarian [BScN ’11] for their contributions to this article.)

Remodelling of the Family Room at the Montreal Chest Institute

Kristine Turnbull

BNI ’11

As part of their degree requirements, BNI students must complete a research project in their respective clinical settings. In the summer of 2010, Marjolaine Frenette, Anne-Marie Massicotte, Sarah Messaoudi and I were placed in the intensive care unit of the Montreal Chest Institute. We thought this would be a good opportunity to acquire the technical skills needed in the ICU as well as to carry out our research project, which was centred on the family. By the time we completed our six-week project, we were entirely focused on the impact of illness on the family and the well-being of patients on long-term mechanical ventilation. We had had to let go of the technical mindset to which we had become so accustomed in CEGEP and develop a more holistic approach to health care.

During our research on the impact of various coping mechanisms on the quality of life for long-term mechanically ventilated patients, we began to see a pattern: All coping mechanisms involved the family, in one way or another, either directly or indirectly. We were able to brainstorm with three health professionals — art therapist

Sarah Tevyaw, nurse manager Martin Sills and assistant nurse manager Odile Bégin — on how to better accommodate these coping mechanisms in the machine-dominated ICU setting.

We knew that a living room is where most families gather and spend time together. The family room on the sixth floor of MCI was the perfect place to create a homey space, since it was where most patients visited with their families outside their rooms. Throughout the fall 2010 semester, we set to work finding out what patients wanted to have in their living room, such as what movies and books they preferred, and any other ideas they might like to share.

With a generous donation from the hospital's Auxiliary and the help of Jill Harrington of the MUHC Foundation, we were able to present our plan for remodelling the family room. We decided to add a small sleeping area for family members from out of town, increase the number of seats in the chapel, and provide a small home theatre and a table with art supplies for art therapy sessions. Sarah Tevyaw contributed a handmade book where patients could anonymously share encouraging thoughts with other patients.

Great strength can be derived from the support of family members. We welcomed this opportunity to help patients spend quality time with their loved ones, forget the sterile, institutional environment and the constant ringing of alarms, and be “at home in their living room” for a peaceful respite. We knew that our project would have a lasting impact on the quality of life of MCI patients, especially those for whom the hospital is their permanent residence.

An MCI patient (*centre*) celebrates the opening of the remodelled family room with (*left to right*) students Marjolaine Frenette, Anne-Marie Massicotte, Kristine Turnbull and Sarah Messaoudi and staff members Martin Sills (head nurse, respiratory long-term-care unit) and Sarah Tevyaw (art therapist).



Jessica Tremblay: One of Our Student Body's Many Future Leaders

Norma Ponzoni

Faculty Lecturer

In spring 2011, Jessica Tremblay, then a U2 student in the BScN program at the Ingram School of Nursing, was instrumental in organizing and coordinating nursing's contribution to an interdisciplinary outreach event designed to get high-school students interested in the health professions. The Community Outreach project is an initiative of the McGill Medical Students' Society in collaboration with the Faculty of Medicine's Office of Admissions, Equity and Diversity. It provides students in underprivileged communities in Montreal with the opportunity to benefit from after-school mentoring programs and to take part in a very special event at McGill, Experience Careers in Health.

The two-day event took place on May 16 and 17, 2011, across the McGill campus. In order to spark interest in pursuing health-related studies, the high-school students were invited to attend workshops designed by the different health professions represented at McGill — Medicine, Dentistry, Physiotherapy, Occupational Therapy and Nursing. Jessica led the Nursing workshop, which was held in the new Nursing Lab. High-school students discussed, observed and took part in activities that highlighted the work of nurses. The workshop, which involved the participation of several nursing students, began with a discussion of what a nurse is and what role nurses play in patient care and within the interdisciplinary team. According to Jessica, “nurses had somehow touched the lives of many of the [high-school] students who attended, and the student nurses involved in the workshop were able to touch the lives of all these young students, sharing their knowledge, experience and honour of being student nurses.”

The high-school students learned about vital signs and about the wealth of essential information that can be gleaned through this simple intervention. After an interactive discussion and demonstration of each vital sign, the high-school students used their new knowledge to examine each other and ask pertinent questions. The students were also able to observe an intravenous insertion using a simulated arm. These demonstrations were aimed at fostering interest in a career in the health sciences by providing a supportive and informal atmosphere in which the observer felt free to explore and to ask questions about the nursing profession.

“As student nurses, we are constantly learning and adapting to the changing facets of nursing,” says Jessica. “We encounter many different professionals throughout the health-care system, and we take their knowledge with us to apply it to our future practices. Being able to teach high-school students all that we have accumulated, and show them what we’ve been practising to become, provided us with a different sort of learning opportunity. We could feel pride in representing such an essential and gratifying profession. We could feel competent in answering all of their questions and teaching them important skills. Showing them a part of what we do allowed us to contribute to the next generation of students, offering them insight into our lives and their own possibilities.”

By taking the time to help high-school students work through the variety of career options available to them, the nursing students demonstrated that they are leaders among their peers. Jessica was a driving force in organizing the event, and she made sure that a sufficient number of volunteers would be available to make it a success. Such student involvement should be celebrated and we commend these nursing students for taking an interest in the future of our profession.

The following nursing students (now BScN grads) took part in the workshop: Madalina Boitor, Octavian Boitor, Alexandra de Almeida Vicente, Anne Des Rosiers-Couture, Amanda DiLollo, Karrie Hammond-Collins, Amelia Joucdar, Christiane Martel, Marcia McMurdo, Chelsea Schwarze, Jessica Tremblay.

Tupo Pamoja: *A Student's Memories of Tanzania*

Ryan Lomenda

MScA '11

The experience I had in Tanzania is one that I find difficult to describe. Often I'm left with just a few clichés such as “It was life-changing” or “It was an intense and amazing experience.”

Coming from a small town in Alberta, I found the metropolitan life of Montreal to be a significant adaptation, but it in no way prepared me for what I would experience upon stepping off the plane in Dar es Salaam, the capital of Tanzania. Sponging up everything around me with eyes wide as saucers, I walked out of the terminal into the thick, soupy humidity of coastal Tanzania. What the airport lacked in size it made up for in the quantity of cab drivers hustling every European-looking person, whether a tourist or a Tanzanian citizen. Immediately on leaving the terminal, I was pulled aside by a gentleman and asked in English, “Where are you going?” Flustered and over-

whelmed by the heat and the surroundings, I said, “Njombe,” rather than the name of the hotel, which was his desired response.

What I was experiencing, and would continue to experience during my stay in Tanzania, was profound culture shock. The cabbie swiftly took me to one side with a big and, I believed, honest smile and told me he had been born in a small village near Njombe. As we walked to the taxi stand we conversed casually until he got to the “why” part of his friendly interrogation. I explained that I was a nursing student and that I had been invited by a hospital and a community organization to work and do research in a Care and Treatment Centre (CTC). Following this revelation, he smiled and proceeded to negotiate my fare down to what I would later understand to be the “Tanzanian” price. Later we shook hands and exchanged niceties, and before departing he told me, “We need more nurses here. I hope you’ll come back to work here after you are done school.” This is a response one might receive in Canada as well, but for very different reasons. From the moment I arrived in Tanzania until the moment I left, everything was a fantastic mixture of the entirely novel and the uncannily familiar.

Njombe appears deceptively small from the highway. However, it spreads across the sprawling hills, covered in trees and lined with red clay footpaths resembling arteries. I spent time working at the CTC, part of an HIV program, before beginning my research project. While there, I met thousands of people, many of whom walked or rode buses several hours to get to the hospital for treatment. The only evidence of their journey was a faint red hue on the skin of their feet. It would take me two nostalgic weeks to scrub the red clay from my own skin after returning home to the cold of a Calgary Christmas.

Following my stint at the CTC, I conducted my research under the guidance of Chakunimu, our partner organization. The study assessed the knowledge, attitudes and practices, with respect to HIV/AIDS, of primary schoolchildren in six schools. Beginning with a questionnaire I developed and had translated into Swahili, we took our first steps forward. With the help of a knowledgeable partner, Mama Betty Liduke, director of the Tanwat CTC, meetings with the schools’ directors were arranged quickly and efficiently. The directors in turn recruited participants and described the project to them in detail, and we were able to increase my projected sample size from 400 to an impressive 832.

After completing the data analysis, I presented the results — a task that proved to be the most difficult of my life. As an outsider, a person on whom the results would have a comparatively small impact, I will perhaps never have to deliver such challenging news. For two and a half hours, I went over all of the questions, some more painful than others (e.g., “Has anyone ever forced you to have sex



Ryan Lomenda leads an information-exchange session attended by residents of Njombe, Tanzania.

with them?” and “Have you ever had anal sex?”). The results were shocking. A quarter of the respondents, children aged 10 to 17 in grades 4 to 6, were unable to say that they had ever heard of anyone having HIV or AIDS in Tanzania, even though Njombe is situated within the Tanzanian district with the highest prevalence rate, 16%.

While it was I who planned the study and largely implemented it, the project simply would not have been possible in the time allotted without my colleagues in Chakunimu. My parting words to them, *Tupo pamoja* — together, we move forward — expressed everything I felt at that moment even though I would not be there with them.

The pendulum would swing on a daily basis. I saw in the faces of my colleagues a sense of welcome even though I was referred to as *mzungu*, the Swahili word uniquely employed to describe an outsider. Following the completion of my research project I was filled with a sense of belonging, yet held in my hand a ticket home to Calgary. On the bus ride from Njombe to Dar, my nose was filled with a fresh herbal scent, not unlike that of the Rockies except there it was eucalyptus, not pine.

The long flight home and the sharp -37°C wind that greeted me upon my arrival left me in a wordless limbo for quite some time. Were I to put my finger on one lesson I’ve been able to cobble together from my memories, it would be a tenfold increase in my comfort with the unknown.

It is fitting that Africa’s highest mountain, Kilimanjaro, is in Tanzania. This experience was an uphill climb from beginning to end, and by far the most rewarding of my life.

A Different Kind of Spring Break: Volunteering in Panama

Christine Echegaray-Benites

BScN '09, MScA '12

Martin Luther King Jr. once said, “Life’s most persistent and urgent question is: What are you doing for others?” The Ingram School of Nursing promotes students’ involvement in the community by supporting their endeavours. In 2009 I had an opportunity to do my undergraduate internship abroad, in Ghana. This experience caused me to reflect on need and hardship, but also on the learning opportunities available in communities overseas. Upon my return, I had progressed from being relatively ignorant to possessing a little firsthand knowledge of the world.

During my graduate studies, professors have supported my participation in conferences and in their research. This has increased my knowledge of other cultures and of global health issues and has given me an interest in volunteering abroad. During the 2011 spring break I travelled to Panama with a group of McGill students and Dr. Will Johnson, founder of Global Medical Training (GMT), a non-profit organization providing free and accessible health services to remote communities in Central and South America. Dr. Johnson mentioned that interest must be fuelled, because anyone can have “the greatest thoughts, ideas or intentions but without bringing them to life, they lie dormant.” So, on a late February night, a couple of dozen McGill students landed in Panama City. Although we came from different disciplines, we were all eager to



A Panamanian girl shows off her colourful outfit.

meet people, discover a new culture and above all affect people's lives in a positive way. I went to Panama believing that even a small act of kindness or a smile on a child's face can make a difference to an individual, a family or a community. By going to Panama with GMT, we were able to work with experienced local health professionals caring for men and women both young and old. As a nurse, I was in a position to guide students with less experience in taking health histories and dealing with physiological concepts. (I was also able to help them with translation to and from Spanish, thanks to my Peruvian heritage!) Likewise, I learned from students in other disciplines as they provided fresh and different perspectives. A respectful interdisciplinary approach was a salient component of the care we provided. All of the volunteers (physicians, pharmacists and students) gave their best every day, and the camaraderie kept us working despite the extreme heat.

On clinic days we handled medical emergencies, which included patients in hypertensive crisis who had been brought from remote locations to the hospital for treatment, at no cost to them. For me, a lasting memory was caring for a teenager complaining of a severe headache and blurred vision. She was reserved and avoided eye contact. After a health history and standard physical examination revealed nothing, the health professionals were left with few hypotheses to explain her symptoms. Meanwhile it became evident to all that something else was bothering her. After we reiterated our good intentions, the girl and her mother disclosed that she had been abused. Silence prevailed as the young woman shared her painful experi-

ence. Most of her physiological symptoms were deemed to be associated with the assault. We thanked her for trusting us, empathized, pointed out her strengths and offered her the services of an outreach community centre to help her cope with the trauma. As we were preparing to board our minibuses, we saw her walking in a field. She spotted me and smiled and before we left she gave me a warm hug. With tears in her eyes, she thanked me in Spanish for listening and not looking at her any differently. This was one of the most touching moments of my life.

My stay in Panama gave me an opportunity to offer the best of myself and to use all the knowledge and skills I had acquired during my studies at McGill. In my opinion, volunteering is like coming to life and being part of the change you want to see happening in the world.

Bangladesh: An International Volunteering Opportunity

Debbi Hollett-Templeton

BScN '80

As McGill graduates, my husband, Ralph, and I attend interesting lectures at the University whenever we can. In 2010 we had an opportunity to hear the Nobel Peace Prize recipient Muhammad Yunus speak on campus. At the end of his talk, Dr. Yunus said that he hoped a connection would form between McGill and a particular college in Bangladesh. Since Ralph and I were exploring ways to volunteer during my upcoming sabbatical, this comment ignited a light bulb in my head.

A few weeks later I was corresponding with Barbara Parfitt, founding principal at the Grameen Caledonian College of Nursing in Dhaka. Dr. Parfitt encouraged us to travel to Bangladesh, and over the next few months we planned five workshops to conduct with staff at the College and with local nurses helping to train students in a clinical setting. Our excitement grew as time went by. We believed that the experience of volunteering internationally might be more beneficial to us than to the participants in our workshops.

During the planning phase I learned that teaching aids and equipment for nursing education are very limited in Bangladesh. Although students learn cardiopulmonary resuscitation, they have no CPR mannequins on which to practise their skills. In the six months before our trip, by virtue of a few donations, the proceeds of bake sales and our own funds, we were able to purchase enough equipment to fill three large bags to take with us to Dhaka.

With the collaboration of two nurses, one from Nepal and the other from England, both living in Bangladesh, I was able to provide workshops on moving and handling patients, venipuncture, catheterization, CPR and medical

MAKING A DIFFERENCE

hand-washing. Ralph not only volunteered to be our practice “patient,” but also taught students and staff the Virginia Reel, a country dance!

We learned about the lives of the students and staff as well as the role of nurses in Bangladesh and the working conditions of many Bangladeshi nurses. In rural settings, nurses care for 40 patients under poor hygienic conditions in the hospitals and often work long hours for about \$150 a month. In one hospital we visited, a cardboard box sat on the floor full of used syringes to be disposed of. Oh, the quality of care that we take for granted!

Newer hospitals in Dhaka are adopting international standards of care, with fewer patients per nurse, more hygienic conditions and a higher quality of care. We provided a moving and handling workshop at one of the newer hospitals. First, we asked the staff how they would conduct a transfer from stretcher to bed. The nurse demonstrated a barefoot jump to and from the stretcher. As I described and demonstrated a less risky approach, we laughed together and I gained a clearer understanding of nursing practice in Bangladesh.

Ralph and I have fond memories of the Bangladeshi people. Our team travelled to the remote area of Morelganj to meet the family of a Grameen College nursing student. We travelled for 24 hours, by two ferryboats and one

motorboat, and saw what life is like along the river. Food, people, fish, hay and just about everything else is transported by riverboat. The entire village had gathered on straw mats, under the shade of banana and palm trees, to meet with us. We wanted to know if the perception of the nursing role had changed since this student had enrolled in the program. The villagers explained that, through the student, they no longer considered nursing a “dirty” occupation but instead saw nurses as respectful, caring and knowledgeable professionals.

We ended our stay in Bangladesh with a short trip to Srimongol, a tea-growing region of the country. We saw tea gardens, tended with care by tea workers, primarily women. We cycled to remote villages and were welcomed like old friends. Despite the daily hardships they endure, the Bangladeshi people are warm and generous. Our volunteering experience gave us insight into the lives of people in a developing country as well as the prevailing health-care conditions.

I appreciate the direction provided to us by the Ingram School of Nursing and the warm reception given to us by the Grameen Caledonian College of Nursing. Ralph and I would return to Bangladesh to volunteer again in a minute. Our memories of the people, the culture and the scenery will stay with us forever.

Villagers in Morelganj, Bangladesh, gather around for a discussion of the nursing profession.



KUDOS

Bravo to our faculty

Antonia Arnaert, associate professor, was one of four finalists invited to submit a proposal, in spring/summer 2012, for the development of the Canada-India Centre of Excellence for u-Health Research and Education. Although Antonia did not receive funding for this project, the idea has led to other potential joint ventures in e-health, telehealth and the delivery of health care using technology.

Isabelle Caron, faculty lecturer, and **Brett Thombs**, associate member, have been honoured by the Jewish General Hospital. At the hospital's 76th annual general meeting, Isabelle was presented with the Award for Excellence in Nursing and Brett the Award for Excellence in Psychosocial or Clinical Research.

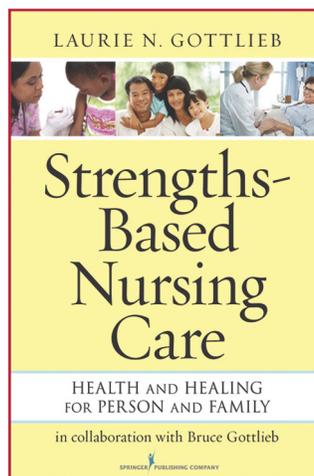
Three of our faculty members have been awarded the Ordre des Infirmières et Infirmiers du Québec (OIIQ) 2012 Prix Florence. **Esther Dajczman**, faculty lecturer, is the recipient of the OIIQ's Sickness Prevention award. Esther has devoted her 25-year career to patients with chronic obstructive pulmonary disease and patients with lung cancer. Her Prix Florence was awarded in recognition of the quality of care and creative initiatives that have led to a marked drop in patient hospitalizations and emergency room visits. **Carmen Loisel**, joint associate professor (nursing/oncology) and researcher in cancer care at the School and holder of the Chair in Psychosocial Oncology, was recognized for her

Carmen Loisel (left) with Susan E. French, a former director of the School and also a proud alumna.



commitment to research and to the cancer care community. **Michelle Nadon**, assistant professor, was awarded the Prix Florence in the Leadership category in recognition of her role in building and sustaining the quality of care as director of nursing at the Jewish Rehabilitation Hospital. Bravo to all!

Nancy Feeley and her team, **Linda Boisvert**, **Kathryn Carnaghan-Sherrard** and Phyllis Zelkowitz, have been awarded the Prix Marie-France Thibaudeau by the Fondation de Recherche en Sciences Infirmières du Québec for the project "De quelle manière les pères de nouveau-nés à l'Unité de soins intensifs néonataux désirent-ils être impliqués dans les soins de leur bébé?" This prestigious award was bestowed in fall 2010. (Nancy's research team is written up in the last issue of this newsletter.)



Laurie N. Gottlieb, Flora Madeline Shaw Professor of Nursing, continues to make her mark in nursing. As Editor-in-Chief of the *Canadian Journal of Nursing Research (CJNR)*, she hosted the International Academy of Nurse Editors conference, held August 1–3, 2012, in Montreal. Immediately following this event, Laurie launched her book *Strengths-Based Nursing Care: Health and Healing for Person and Family* (New York: Springer, 2012).

Elizabeth Logan, emeritus professor, celebrated her 100th birthday on May 1, 2012. Elizabeth now resides in a retirement home and by all accounts is as feisty as ever.

After a rigorous international search process, **Carmen Loisel**, associate professor, has been named Christine and Herschel Victor Hope & Cope Chair in Psychosocial Oncology Research, highlighting her remarkable contributions to oncology nursing.

Lynne McVey, associate professor, has been appointed executive director of the Douglas Mental Health University Institute. She is also co-director of the Segal Cancer Centre and a lecturer at the Université de Montréal in the Health Administration Program of the faculty of medicine. Before taking up her post at the Douglas, Lynne was Director of Nursing and Clinical Operations at the Jewish General Hospital.

KUDOS



Lynne McVey (*right*) with Heather Munroe-Blum, McGill principal.

Janet Rennick, assistant professor, has received funding from the Canadian Institutes of Health Research for her project, “Children’s Psychological and Behavioural Responses Following Pediatric Intensive Care Unit Hospitalization.” Janet’s application ranked high among those submitted to the committee for Social and Developmental Aspects of Child and Youth Health. The study will follow these children (as well as a comparison group recruited from ENT clinics) prospectively over a three-year period post-hospitalization to examine the psychological outcomes of pediatric critical care — work that is of crucial importance in the field.

Christina Rosmus, faculty lecturer at the Ingram School of Nursing and clinical partner at the McGill University Health Centre (MUHC), has been awarded the Canadian Pain Society’s 2012 Nursing Excellence in Pain Management Award. The Society recognizes Christina’s work in the field of pediatric pain as consistently exemplifying excellence in nursing practice.

Andréanne Saucier, assistant professor at the Ingram School of Nursing and Associate Director of Nursing for Cancer Care and Respiratory Services at the MUHC, has been awarded the 2011 Canadian Association of Oncology Pfizer Award of Excellence for Leadership. At the Association’s annual conference in September, Andréanne was cited for her commitment to the highest standards of cancer care and her ability to foster quality organizational performance.

Lucie Tremblay, one of our valuable clinical partners, has taken on an important new position: president and CEO

of the OIIQ. Lucie has made remarkable contributions during her career. In her former role as director of nursing at the Donald Berman Maimonides Geriatric Centre, she initiated the Maimonides Geriatric Centre Foundation Award at the Ingram School of Nursing.

Welcome to new faculty

In addition to **Françoise Filion**, **Maria Di Feo**, **Lia Sanzone** and **Sean Clarke**, who are spotlighted on pages 7 to 9 of this issue, the Ingram School of Nursing is happy to welcome the following educators/researchers to our university-based faculty: **Heather Dawn Hart**, faculty lecturer, part-time; **Christine Maheu**, associate professor; **Argerie Tsimicalis**, assistant professor; and **Jodi Tuck**, faculty lecturer, full-time. We look forward to sharing pertinent background information and insights about these faculty members with you in a future issue of our newsletter.

A round of applause for our students and alumni

Caroline Arbour has received support from Edwards PhD Studentships in Pain Research for her project, “Behavioural and Physiologic Indicators of Pain in Traumatic Brain Injury Patients With Altered Level of Consciousness During Common Procedures in the Intensive Care Unit.” The Studentships support full-time chronic pain research by students at McGill’s Alan Edwards Centre for Research on Pain. Caroline’s supervisor is Céline Gélinas.

Fall 2011 convocation prize-winners:
(*left to right*) **Virginie Croux**, **Tieghan Killackey**,
Erin Mackasey, **Robyn Graham**.



KUDOS



Award-winning BScN students at the annual meeting of the Canadian Association of Critical Care Nurses. *Left to right:* faculty members Sarina Fazio and Elaine Doucette; students Brooke Latulippe, Stephanie Gourdeau, Vanessa Lauzon and Vanessa Lavergne; CACCN president Teddy Tanguay; students Maggie Wong and Kayla Sliskovic.

Rebecca Debruyn shone as the only nursing student among the 75 students across Quebec who received a 2012 master's bursary from the Fonds de Recherche Santé (FRSQ).

Following the successful First International Symposium on Nursing Intervention Research, held in April 2011, **Nancy Feeley** (BScN '79, MScA '74, PhD '01) and **Sylvie Cossette** (PhD '00) submitted a proposal to raise nursing research interventions from group status (GRIISIQ) to network status (RRISIQ). The process was successfully completed in the summer of 2012, and it proved to be a complex, time-consuming and important undertaking.

Fall 2012 BScN graduates at a pre-ceremony reception held in the Bellini Building.



There were many contributors to the process, but it was Nancy and Sylvie's leadership, openness and careful work that brought everything together. This may represent the Quebec equivalent of the National Institute for Nursing Research in the United States. It is now time to take a break and celebrate!

Professor Elaine Doucette, her BScN U3 students, **Stephanie Gourdeau**, **Brooke Latulippe**, **Vanessa Lauzon**, **Vanessa Lavergne**, **Kayla Sliskovic** and **Maggie Wong**, and alum **Sarina Fazio** (BScN '10) shone at the September 2012 annual meeting of the Canadian Association of Critical Care Nurses, held in Vancouver. They tied for second-best poster overall and won the Delegates' Choice competition. The poster was titled *Providing Family Centred Care in the PICU and NICU: Where Does the Student's Voice Fit?* A 45-minute oral presentation by the team was also well received.

Mary Ellen Jeans (BN '67, MScA '69, PhD '76) has been invested as a Member of the Order of Canada (June 2010).

Heather Kooiman (MScA '11) won the Images That Inspire photography competition in fall 2010. Her photo depicts a young boy who became paralyzed in one leg after receiving an intramuscular injection in the sciatic nerve. The winning photograph and others taken by Heather are posted at <http://www.mcgill.ca/globalhealth/students>, as are photos contributed by **Jason Hickey** (MScA '10). The competition is a project of McGill Global Health Programs.

The David Berman Maimonides Geriatric Centre continues to support our students with an annual bursary of

KUDOS

\$2,500. The recipients in 2010–11 and 2011–12 were, respectively, **Erica Lyn** (MScA '11) and **Victor Uscatescu** (MScA '12). The Maimonides Geriatric Centre Foundation Bursary is awarded by the Ingram School of Nursing to an outstanding student enrolled in a nursing program whose major focus is geriatric nursing, who is working or has worked in the nursing field in an area related to aging, or who has demonstrated clinical expertise in this area.

Lisa Merry is the recipient of an FRSQ Doctoral Award for a Health Care Professional, having ranked third out of 54 applicants. Lisa received the award in spring 2012.

New doctors in the house! Five students have successfully defended their theses and have been granted their doctorates by the University. The names, thesis titles and thesis supervisors of these outstanding scholars are as follows:

Marsha Campbell-Yeo. *Co-bedding as a Comfort Measure for Twins Undergoing Painful Procedures* (December 2011). Thesis supervisor: Celeste Johnston.

Maureen L. Curley. *Psychological Distress After Abortion Among University Students: Developing an Intervention* (December 2010). Thesis supervisor: Celeste Johnston.

Jo-Ann Macdonald. *Promoting Optimal Outcomes for STI/HIV Prevention Skills in Youth* (November 2010). Thesis supervisor: Anita Gagnon.

Dianne Sylvia McCormack. *Development of a Health Measure for Homeless People* (December 2010). Thesis supervisors: Celeste Johnston and Jean-François Boivin.

Manon Ranger. *Near-Infrared Spectroscopy (NIRS) to Measure Nociception Following Noxious Stimulation in*

Doctoral graduates Jo-Ann Macdonald (*left*) and Maureen Curley (*right*) celebrate with Professor Margaret Purden in spring 2011.



Critically Ill Infants (December 2011). Thesis supervisors: Celeste Johnston and Janet Rennick.

Congratulations to all of these students and alumni on their remarkable achievements.

Our administrative personnel continue to shine

Undergraduate Student Affairs Coordinator **Céline Arseneault** is a recipient of the Pamela Chase Award – Clerical classification (2011). The Dean of Medicine Awards of Excellence are bestowed upon individuals who are nominated by colleagues as exemplary staff members in the Faculty of Medicine. Bravo, Céline!

Award-winner **Céline Arseneault** (*centre*) is congratulated by undergraduate program directors **Madeleine Buck** (*left*) and **Marcia Beaulieu**.



Diane Telmosse, who worked with Drs. Gottlieb, Pepler, French and Ezer as secretary to the director, went on medical leave just shy of her 60th birthday. **Aldea Duguay** joined us in March 2011, thinking that she would be working for a few weeks, and, lo and behold, the few weeks turned into a few months and then into a year, as she helped us weather the labour unrest in the fall. Aldea returned to her New Brunswick roots in March 2012. Both she and Diane keep in touch with the School and its staff members. As one chapter ends, another begins. **Dorothy Redhead** has integrated seamlessly into the administrative team, ensuring that our director has the valued support that Diane provided for so many years. Dorothy was instrumental in organizing a retreat for faculty and staff this past summer and continues to impose order on Hélène's hectic schedule.



Marga Pipasts poses at the entrance to Wilson Hall with her granddaughter Selga Muiznieks, a final-year commerce student at McGill.

My Second Career as a Volunteer in Latvia

Marga Pipasts

BN '65

After I retired in 1991, I decided to volunteer in my homeland, Latvia, which had just regained its independence from the Soviet Union. For 12 years, until 2002, I spent my Aprils, Mays, Octobers and Novembers teaching maternal and child health to nurses, midwives, doctors and expectant parents. One of my accomplishments was the publication of two handbooks for expectant parents as well as spearheading the opening of breastfeeding centres in Liepaja [and] Riga, the capital. These centres were funded by private donations, but I oversaw the training of the staff when the facilities were opened. In the beginning, I stayed on location at the rural hospitals in their maternity wards, assisting and teaching the nursing staff in proper hygiene and management. My career in London had focused on nursing administration, so I conducted seminars for head nurses and supervisors in the main hospitals in cities as well as in the smaller ones in the countryside.

In 2004 I was recognized by the Minister of Health and Welfare in Latvia for my volunteer efforts and I received an Achievement Award for my contribution to nursing in Latvia.

The McGill community and the School of Nursing inspired me to achieve and provide superior nursing care along with compassion and understanding for patients and their families. When I retired, I wanted to give back to my homeland, which had been deprived of much

advancement in medicine during the Soviet occupation. Since I had trained as a midwife in England, and subsequently majored in maternal and child health at McGill, I knew that I had the skills to educate the expectant parents as well as the Ob/Gyn nursing staff. I found it extremely fulfilling and can only thank my professors at McGill, who inspired me to follow my dreams in nursing. (For a brief account of Marga's personal life and her pre-retirement career, see p. 26 of this issue.)

Mon expérience à Inukjuak

Josette Perreault

BN '07

Je m'étais dit : « Un jour, j'irai travailler en terre inuite ». Trois ans plus tard, avec mon baccalauréat et un peu de courage en main, je me suis retrouvée passagère d'un Dash 8 d'Air Inuit, en route vers Inukjuak au Nunavik!

On m'avait simplement dit : « Tu feras des soins à domicile ». Ayant déjà travaillé en soins à domicile dans les CLSC de Montréal, je m'étais lancée les yeux fermés dans l'aventure. Quelle ne fût pas ma surprise de constater sur place que, non seulement j'allais faire des soins à domicile, mais j'allais être la seule infirmière à le faire en plus d'être en charge d'employés inuits agissant à titre de travailleurs communautaires! En moins de 24 heures, j'étais devenue chef de service, gestionnaire, infirmière en rôle élargi et, avouons-le humblement, légèrement anxieuse!

Mon baccalauréat en soins infirmiers de l'université McGill n'aura jamais été aussi utile qu'à ce moment précis de ma carrière professionnelle : « Qu'ai-je appris en santé communautaire? » fût la question qui m'habita dans les semaines qui ont suivi. Première étape : créer des liens avec la clientèle. Difficile quand la langue première de la communauté est l'inuktitut! J'ai eu la chance et le bonheur de travailler avec deux *community workers* comme nous les appelions là-bas : Hélène et Martha. Deux femmes inuites extraordinaires qui m'ont accompagnée tout au long de mon séjour à Inukjuak. Sans elles, je n'aurais pas pu communiquer avec mes clients. Elles étaient mes interprètes lors de mes visites à domicile. Elles connaissaient tout et tout le monde dans ce village de 1500 personnes. Ce sont aussi elles qui m'orientaient dans les rues sans nom du village. Sans elles, trouver une adresse aurait été une tâche ardue!

Par la suite, je suis revenue aux rudiments des soins infirmiers : la démarche infirmière! Celle-ci m'a non seulement aidée mais guidée tout au long de mon séjour à Inukjuak.

Malgré la distance qui me séparait de mes proches, je me sentais un peu chez moi à Inukjuak. Les gens y sont très accueillants et les paysages sont à couper le souffle!

Après quelques semaines de bonheur, le temps était déjà venu de retourner en ville. Ma collègue Hélène s'était déplacée pour venir me dire au revoir à l'aéroport : « You have done a lot for the community of Inukjuak. Thank you, and please come back soon » [Vous avez beaucoup fait

pour la communauté d'Inukjuak. Merci, et revenez vite].

J'ai versé une larme dans l'avion qui me ramenait « dans le Sud » car j'allais certainement m'ennuyer de ce peuple extraordinaire. J'ai laissé une partie de moi en terre inuite en me promettant de retourner la chercher un jour.

WE HAVE HEARD FROM THE CLASS OF...

2010s

Sacha Jarvis MScA '11

Sacha is now working at a hospital in Moosonee, Ontario.

2000s

Josette Perreault BN '07

On July 16, 2011, I got married. A year later baby Zoë Alexandra Bélanger was born. The new family is doing great and we are very happy! Hoping everything is going well at the School of Nursing and wishing you all a great academic year.

1990s

Julie Gross MScA '98

I am a graduate of the direct entry master's program. I have done many things since graduating but am currently Project Coordinator for the Enhanced 18-Month Well-Baby Visit Program. This is a Ministry of Children and Youth Services initiative in Ontario designed to improve health and well-being outcomes for children (www.18monthvisit.ca).

Jane Simpson MScA '90

I have had two publications this year, one in the *Journal of Nursing Leadership* and the other in the *Canadian Journal of Public Health*. Contact jane.simpson@sympatico.ca for more news of your classmate.

1980s

Patricia Birch MScA '82

[Our reunion was] a delightful evening of old times, new times and friendship, to say nothing of yummy food, great gardening expertise and ideas, and reminders of the McGill Model. (My tardy reply relates to some nursing/compassion for a close friend in great need — that model comes into daily use, doesn't it?) Attached is a photo that proves what a good time we had . . . don't let it be another 30 years! (This account by Patricia is excerpted from her correspondence with H el ene Ezer.)

1970s

Emily McLeod MScA '77

Emily writes that she "retired June 30, 2011, after 38 enjoyable years in nursing, mostly in the mental health field." Emily's career took her to three provinces — Quebec, Nova Scotia and Ontario — and included three years as lecturer at the McGill School of Nursing (1978–81) and 25 as professional practice leader in mental health at Sunnybrook Health Sciences Centre in Toronto. She is an honorary life member of the Gerontological Nursing Association and has served as editor of its journal. Emily is a member of the Nursing Honour Society of Sigma Theta Tau and was cross-appointed to the nursing faculty at the University of Toronto. She was a frequent presenter at conferences and has a number of publications to her credit. Married with three children, Emily has a passion for gardening and travel and would be delighted to hear from former colleagues and students. emilyjanemcleod@gmail.com.

Janet Braidwood Costello BN '76

I graduated with a doctorate in nursing practice with the inaugural class of the George Washington University School of Health Science and Medicine in Washington, DC, in May 2010. I practise at Apple Blossom Family Practice in Winchester, Virginia, and am a clinical preceptor for George Washington, George Mason and Shenandoah universities. You can reach me at janet.braidwood@mail.mcgill.ca.

Class of '82 reunion in Vancouver: (left to right) Judith MacDonald, Vita Kolodny, H el ene Ezer, Patricia Birch, Jane Hurlburt, Janice Bruce.



WE HAVE HEARD FROM THE CLASS OF...

Judith Lynam BScN '74

Judith is a full professor at the School of Nursing of the University of British Columbia. She is MSN program coordinator and advisor and also lead investigator for the Social Pediatrics Initiative (SPI). In October 2010 she received a Building Our Community Award from the Network of East Vancouver Community Organizations in recognition of her engagement with the community through SPI research.

1960s**Muriel A. Jarvis BN '69**

Muriel's memories are published in a new book, *Thin Pink Lines: My Life as a Nurse and Beyond*, co-authored with Mary Ellen Vandergoot (Regina: Your Nickel's Worth, 2012). In a letter to Hélène Ezer she writes: "I first attended 1945–1946 and obtained the Certificate of Administration in Hospitals and Schools of Nursing. I then attended 1968–1969 and obtained the Baccalaureate degree. I have very fond memories of my time at the School of Nursing and faculty members and other students." Muriel was a good friend of Moyra Allen and Joan Gilchrist. She can be reached at Muriel.jarvis@shaw.ca.

John E. Froggatt BN '65

I wish to begin by complimenting . . . all the staff of the School of Nursing for the excellent work . . . It is exhilarating to read what is transpiring, how the students perform "in the field" and represent McGill in various countries. It has always been with great pride [that I] lay claim to my affiliation with the School and McGill. I was amazed while being interviewed for graduate school at U.T. Knoxville that I was accepted on the spot after mentioning being a grad of McGill . . . While I am less than a shining star grad of McGill, I possess its values and graduated without any difficulty with both my MSc and EdD, all accomplished because of my affiliation with McGill. Much of the credit for my successes there is directly due to Dr. Rae Chittick. She was one well-rounded and wise lady, one whom I trusted and to this day highly regard/respect. P.S. I am the first Canadian man to get the BN degree from McGill . . . somewhat auspicious!

Marga Pipasts BN '65

After I graduated from McGill, my career took me to the Lachine General Hospital [near Montreal], followed by St. Joseph's Hospital and Parkwood Hospital in London, Ontario. My husband, Peter, was a Sir George Williams [now Concordia] graduate and worked as a chemist, and our daughter pursued a career in finance, ending up in Chicago, where she raised two daughters. (See p. 24 of this issue for an account of Marga's retirement career and remarkable achievements as a volunteer in Latvia.)

IN MEMORIAM

Mary Eileen Barrett BN '58

Mary died peacefully at her home in Montreal on November 2, 2012. After receiving her RN at the Victoria Hospital School of Nursing in London, Ontario, in 1945, Mary worked for 10 years in the operating room at the Jewish General Hospital in Montreal. She earned her BN at McGill in 1958 and was then appointed director of nursing education at the JGH. She later obtained an MN at Case Western Reserve University and then returned to Montreal to become the first chair of an English CEGEP nursing program. From 1976 until her retirement in 1986 Mary served as director of nursing at the JGH, where she created structures to give nurses a voice at the decision-making table. She was 91 at the time of her death.

Anne F. (Prescott) Cooke DipNurs T&S '52

Anne succumbed to lymphoma in Bermuda on July 29, 2012 — the first day of her 85th year.

Jean M. Fillmore BN '75

Jean passed away in Ottawa on January 22, 2011, after a long and happy retirement surrounded by her family. She is survived by three children, six grandchildren and three great-grandchildren. Jean was 92 years old.

Céline Hanrahan BNI '10

Céline died on March 28, 2012. Since graduating from McGill in 2010, she worked on 6 West at the Jewish General Hospital and was very highly regarded. Céline was just 23 years old.

Helen Mussallem BN '47, DSc (Honorary) '06

Helen was a nursing trailblazer on many fronts. She was the first Canadian to earn a PhD in nursing (and was a vocal advocate for nursing education), was an outspoken supporter of reproductive rights and played a large role in shaping Canada's national health-care system. Her weighty report *The Changing Role of the Nurse* is credited with serving as the model for the CLSC system in Quebec. Helen's many positions over her long and illustrious career include president of the Canadian Nurses Association and president of the Victorian Order of Nurses. Her impressive achievements include the creation of the Canadian Nurses Foundation and innumerable awards and honours. Closer to home, she served as a member of the advisory board of the McGill School of Nursing. Helen was born in Prince Rupert, British Columbia, in 1915 and died in Ottawa on November 9, 2012.

IN MEMORIAM

Caroline Robertson BN '63 MScA '72

Caroline was a past director of nursing at the Montreal Neurological Institute and Hospital. She passed away on June 25, 2011.

**Peggy Ann (Steadman) Sangster
BN '77, MScA '07**

Peggy Ann served as a director of nursing for staff development at the Montreal General Hospital and, from 1988 until her retirement in 2008, as a faculty lecturer at the School. She died in Montreal on July 10, 2011.

We also have received word of the passing of the following alumnae:

Sylvia M. Burkinshaw BN '56

May 1, 2011, in Kingston, Ontario

Lorene M. Freeman BN '69, MScA '71

August 26, 2011, in Victoria

Eleanor Florence Lambert BN '65

January 28, 2011, in Montreal

Isabel Lenore (Snider) Macdougall DipNurs '45

July 9, 2010, in Vancouver

F. Catharine Maddaford BN '55

October 23, 2011, in Mississauga, Ontario

Louise T. McLaughlin BN '56

September 23, 2010, in Hoboken, New Jersey

Mae Anna Geneva Purcell BN '53

February 20, 2011, in Edmonton

Gertrude Sellars DipNursT&S '59

August 30, 2010, in Bonavista, Newfoundland and Labrador

Grace White DipNursT&S '48

March 24, 2011, in Toronto

The passing of a valued staff member

Sandra Knowles, a one-time administrative assistant at the School, died on December 4, 2011, at a nursing home in Mahone Bay, Nova Scotia. Sandra, who was born in Glace Bay, N.S., worked at the School for several years and forged many relationships with staff and faculty. She retired in 1995. According to Sandra's published death notice, a chronicle of her "thoughts and experiences, observations and relationships" is preserved in the Bodleian Library at Oxford University.

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