

The Heart Le Cœur

Newsletter of the McGill
School of Nursing Community

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l'École des sciences infirmières de McGill

Women's Healthy Heart Initiative

By: Véronique Daniel & Erin Fagen, MSc(A) I Direct-Entry

Wendy Wray is the director of the Women's Healthy Heart Clinic at the Royal-Victoria hospital, a nurse-led clinic offering access to primary prevention services. In the following interview, Ms. Wray shares information about this innovative project which might well be the start of a new journey in Quebec for the nursing profession.

Can you describe your project initiative, its major goal, and what makes it unique?

Only recently have we realised that heart disease is the primary cause of death in women. In part due to limited access to family physicians, women do not know about their risks, and primary detection and prevention is limited. Raising awareness about the risk of heart disease is the main goal of the Women's Healthy Heart Initiative at the McGill University Health Centre (MUHC).

Patients are self-referred to the clinic, and the first appointment includes a complete medical, cardiac, family and life-style history, a cardiovascular physical examination, a panel of blood tests to establish cardiovascular risk, and an electrocardiogram. We schedule regular eight-week follow-ups with a nurse and set up appointments with one of the cardiologists and with the trainer and the dietician. A follow-up appointment gives the nurse and patient sufficient time for health education and discussions about making lifestyle changes. At each visit, the nurse reviews any changes in cardiac history and conducts a complete cardiovascular examination. All cases are reviewed at the end of each clinic between the cardiologists and nurses.

Why did you choose to focus on this kind of project?

My experience in an MUHC outpatient clinic demonstrated to me that patients are more receptive to guidance from nurses in such settings than during a crisis or hospitalisation. Moreover, I believe that nurses and physicians do not have enough time in hospital settings to deliver all the teaching and education they need to do. I also feel that it is time for nursing to step up and be noticed and recognised, and that primary prevention of heart disease in women represents a great opportunity to achieve that.

What do you think nurses can offer in this? Why is it so important that it is a nurse led clinic?

From a systemic point of view the health care system is in difficulty and we have to do things differently. I think we have a great pool of highly experienced nurses which could make a huge difference in the health care system if their potential and knowledge was used in projects such as ours. In particular, in terms of a nurse-led clinic, one reason we are particularly appropriate for it is our holistic approach. Prevention is virtually untouched in our system, so it is a whole area that is wide open and I think that experienced nurse clinicians are particularly appropriate for it. Especially today, more and more patients want to participate; they want to be proactive in their care. Sometimes they are better informed; sometimes they are uninformed and confused, in part because the newspapers only report the results of studies. So this is what nurses can provide



because doctors do not have the time to do this in their 10 minute appointments with patients, while in our clinic we have 30 minute appointments.

You mentioned that the expanded role of the nurse was met with some friction at first by physicians and the larger health community - can you elaborate on this? How was this overcome?

For physicians it was difficult because like everybody else we all want to be agents of change. In order to decrease the resistance, I made it very clear that I was looking into establishing a complementary role between clinical nurse specialists and doctors rather than taking over part of their role. When you are not in competition, you are working together. Moreover, part of the project was going to include a preceptorship program providing advanced training coordinated by the cardiologists of the department. To create a collaborative partnership there has to be something in it for both parts. Throughout this preceptorship program, we both learn from each other, from our approaches, and our thinking. It inspires them to teach also.

The cardiologist I worked with, he came to me about a year later and said, “You’ve changed my practice.” And I said, “Really? You’ve certainly changed mine because I’ve grown so much in my knowledge base, and it’s ongoing.” And he said, “No, you’ve changed my practice because I’ve really

never watched nurses practice before. The way you approach patients is completely different.” And he said, “I’m adopting some of what you do in my practice.” And that has to be the ultimate compliment. Which was amazing, and that was not the result of me telling him, that was just working together and observing. The other ultimate compliment was when he knocked on my exam room door after a few years of working together and he said, “Would you come and listen to a patient for me, I’m not too sure what I hear in there and I just want to check.” This was fabulous. I think the potential for collaborative practice is not a matter of just putting two people together. It will not work, in general. It is something that needs trust and the result is phenomenal.

What are your future plans for the initiative – long term goals?

Long-term wise, sustainability. So I have to find funding for this initiative. My vision is that you would have a clinic like this from B.C. to P.E.I. in your community clinic! So you would be able to go to your local CLSC or community clinic anywhere and there would be a nurse-led clinic and it would be in your neighbourhood doing primary prevention. That is what I would like to see happening.

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

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

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

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

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The Heart editing team,
Sari Belzycki
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Veronique Daniel

What are some words of advice you would like to offer to our nursing student colleagues?

You know, I left work last week one day and the secretaries were upstairs in cardiology. I went up and put my charts down and said, “You know? I love my job! I love it so much!” And they looked at me and I said, “I know!” but that is it, that is job satisfaction. How do you get job satisfaction? It is not from the hours, it is not from the pay, okay. It is actually knowing that you have made a difference, you have done a good job. And at the end of the day you feel good because that is your “pay”, so to speak. And that is huge.

And if someone says no, keep trying. Keep trying! Because if I had listened to that nurse manager [who said no] and scrubbed it, I would not be here today. And do not miss opportunities – even if sometimes they entail risk. Because sometimes you have got to take a little bit of a risk. And risks are two categories – ones you can fix and ones you can not fix. In the nursing profession you are never going to be without a job.

It might not be the one you want for a short period of time, but really the repercussions – if you are staying within your competency, if you are staying within your licensure – I do not think you can go wrong.

Also, we need to support each other. Otherwise this is nurses saying no to other nurses. It is not anybody else saying no to us, it is nurses. And why would we do that to

ourselves? It is like we are shooting ourselves in the foot.

If I can prove this project can succeed, if I am successful in this, it is not something on paper it is actually up and running! This is here. I am doing it. And when I give my talks I say at the end – if I can do it, anybody can do it. Trust me. Anybody could do this. And

that is a good part of my message, is that it is possible, just keep pushing forward! And as long as you know what you are doing then you are going to be more comfortable and we need this change. We need this change, there is no question. And we are ripe for change.



Learning from our Neighbors

Heather Kooiman, MSc(A) II (Direct-Entry)

It is lunchtime at the clinic here in Rapid Lake, Quebec, a Native community located about a 5-hour drive north of Montreal. It is a small community, 400 people about 60 houses, an elementary school, a police station, and the nursing station. The nursing station has a day centre where activities are held for all ages and there is a kitchen where a cook daily prepares food. Since it is lunchtime here, people come in for some food and sit around to chat for a bit. Meanwhile, the cook is busy wrapping up loaves of bannock and covering the casserole to bring to the elders of the community.

An elder in the community is anyone who is older than 50. There is a great respect for elders of the community; the younger generation is to ensure that the elders are well taken care of. For example, in any setting where food is served, the elders will always be served and eat first.

Our lunchtime conversation is also about how we should be treating our elders. One of the men tells his story about the beaver he shot on the weekend and how tender the beaver meat was. Since it is important for the elders to be fed, they tell the man to bring back another beaver to the cook so they can prepare it for the elders.

It struck me that it is easy to come to any Native community and see the rundown houses, broken windows, garbage everywhere, the alcohol and drug addictions, and the list can go on. What about the strengths? After all, the McGill Model of Nursing is strengths-based. Perhaps it is more striking than the issues one finds in Africa because we constantly hear about the issues in Africa whereas the issues

among the Natives are not on television commercials and there is not as large of a public outcry about their issues. But the conditions of Native communities are considered comparable to other “third world” countries.

The issue of elder abuse is coming to light more and more in our society, which is in stark contrast with the Native community. In this community, it does not matter if the elder is your mother or is not related to you, the elder is to be respected by everyone in the community. They live as a community rather than as an individual. It can be difficult for our individualistic western society to understand how to put the well-being of others before your own. If people care more for the well-being of others, people will warn them that they are being used or walked all over.

Perhaps we have something to learn from our Native neighbours instead of pointing out their problems. The situation with the Native's is not perfect and neither is ours. But if we approach the situation looking at the strengths, we can learn from them, we can see their situation in a more positive light, and we are on the road to collaborate with them. Maybe the question is not, how can I help them but how can we work together, learn from each other, and reach a common goal together.

I saw it again today. A 7-year-old boy was sharing his Halloween candy with everyone, he even came up to me and handed me a chocolate and a lollipop. I hope that he does not think I am an elder already!

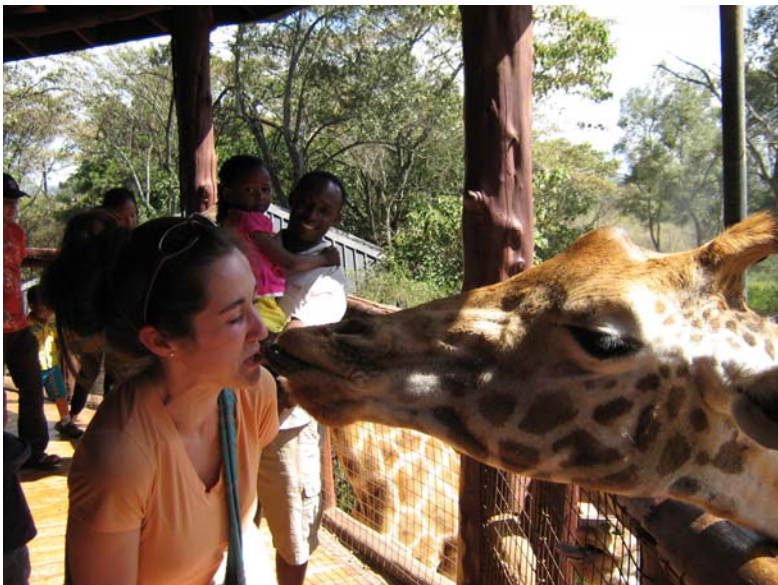
Global Snapshots

This is a picture taken in Nyumbanitu village, Njombe, Tanzania. Here I am with the peer health educators from CHAKUNIMU and PIUTA groups holding their certificates for completing a 3-day training session led by myself and Betty Liduke (far left) on how to use home care kits (the coolers in front of the group). The training covered topics such as infection control, personal hygiene, skin conditions, pain, fever, diarrhea, dehydration, worms, wound care, burns, how to give medications, making referrals, and record keeping. The peer health educators are now using these home care kits when they do home care visits in 6 villages surrounding Njombe.



Kristin Gagnon, MSc(A) II Global Health Direct-Entry Student

Shannon Carter, MSc(A) II Global Health Direct-Entry Student



Through a pilot project, I am studying access to maternal and early childhood health care for urban migrants in Eastleigh, a slum area of Nairobi, in collaboration with the International Organization for Migration (IOM) Migration Health Department. We conducted 81 cross-sectional surveys and 10 in-depth interviews with both migrant and Kenyan women. We also conducted 3 key informant interviews with a district public health nurse, a women's group leader from Eastleigh and a Muslim Sheikh. We are hoping the results will inform IOM health programming activities in Eastleigh.

Global Snapshots

Ramadhani primary school is a local partner school with McGill's Highlands Hope organization. Our site supervisor's sister Lily works at Ramadhani as a teacher and all of my research took place with primary schools in 6 villages south of Njombe and Ramadhani School. While the research that I conducted did not involve Ramadhani, the results will be able to help all primary school students in the area through providing a better idea for Peer Health Educators, teachers and healthcare providers about the knowledge, attitudes and practices that primary school students possess regarding HIV and sexual health. On the back of a motorcycle, the secretary of Chakunimu (the community organization I was partnered with), Amon Msigwa, and I visited the 6 schools spread out over 40 km of rough highlands terrain in six villages. The project was



Ryan Lomenda, MSc(A) II Global Health Direct-Entry Student

met with welcome arms by all the Head Teachers and we managed to cull results from over 850 primary school students, more than doubling the expected sample size.

Heather Kooiman, MSc(A) II Global Health Direct-Entry Student



Rapid Lake, QC - There are not many activities for children to do in Rapid Lake, so I would help run programs with the Native youth worker for the children and youth after school.

My research was directed at youth in grade 5/6 discussing self-respect in relation to sexual health.

Global Snapshots



**Olivia Lu, MSc(A) II
Global Health Direct-
Entry Student**

Peek-a-boo
Karen Village in UmPhang,
Thailand.

CONGRATULATIONS CLASS OF 2010

Here's a little update from our most recent grads



Stephanie Fink I started working in the Emergency Department of a hospital in downtown Toronto about a month after graduating and have not really looked back. I am learning new things everyday and dealing with new issues constantly. I am no longer shaking when I approach someone to put in an IV, however, I still miss the vein constantly. Everyone keeps telling me that it gets easier...this of course resonates with me from the constant insecurities I felt as a student. I am assured that it gets easier. I do crave a good solid vacation though (and I had to remind myself just today that I knew I

would have to give up Christmas or new years if I wanted to be a nurse). I also miss the comfort and security of school, knowing your classmates are in the same position and right there beside you at 80's night. I don't know where the rest of my career will take me but I do feel confident that there are many options out there. I think I will just have to wait and see. Good luck to all the 2011 graduates!!

Jason Hickey

After the realization set in that I was no longer responsible for researching every idea I had and providing sound rationale for each decision I made, I decided that I needed a few months of unstructured recovery time. So, I flew to Nashville to let loose at the Bonaroo Music Festival, passed a couple weeks wandering in the wilderness while camping in Newfoundland, and spent a week enjoying the refreshments at a resort wedding in Cuba.

Once I felt semi-normal again I began work at the Waterford Psychiatric Hospital in St. John's, NL as a Staff Nurse in the Mental Health and Addictions Program. Connecting with patients who are discriminated against and stigmatized in their day-to-day lives, and working by their side to help set them on the road to recovery has already been an extremely rewarding experience. And though I wondered about it from time to time during my three years at McGill, all that practice researching and rationalizing is now helping me to find a productive niche in my new position.



Amy Low Three years, 7 clinical stages, 5 conferences, 1 presentation, 3 trips, countless concept maps, too much embassy and not enough grants... of everything I've lost, I miss my mind the most. Which is okay because now it is an unbelievable happy time. Happy to have made it through, gotten what I wanted: a Masters degree, wonderful friends to share it all with and the knowledge that after this we have the strength and ability to overcome any hardships in life. I took 90 days to travel and forget the stress and tears after the final submission ... and at mid-summer I started work at the RVH ER. At work, my brain is receiving an exponential growth of knowledge, and I'm reveling in all of it. It is an adjustment getting used to working life, nothing to do after work, weekends with no plans, and a different kind of freedom, but I'm loving every moment of it.



Alison Mockler I just wasn't done being a student when I finished my BSc in Micro and Immuno from McGill in 2007, but I didn't know where life was taking me...until an acquaintance (who then became one of my closest friends), Melanie Zwetkow, told me about the MSc Direct-Entry in Nursing and it just felt perfect for where I was at that moment. Applying to this program was one of the best decisions I've ever made. I fell in love with all my classmates and made the most incredible friends a girl could ask for. These last three years for me were exhausting, inspiring and transformative in almost every way. Although I was relieved for the hard work of school (and poverty of student life) to come to an end, little did I know that working life feels just as challenging as school. I am currently a full-time nurse on the 15th floor of the Montreal General Hospital where I began working right after graduation. I love (almost) every single moment and I can't describe what a privilege it is for me to work with this nursing team. So a warning for all the newcomers to the DE program: The rollercoaster ride to becoming a nurse starts day one of class and hasn't ended for me yet...my journey has been at once exhilarating and absolutely terrifying but I wouldn't trade my experiences as a budding nurse for anything. Thanks to all those who inspired me, gave me confidence and put up with me (late habits and all!). The journey continues...Congrats Class of 2010! Lots of love and luck to each and every one of you!

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Brigit O'Brien Trying to sum up three years in the direct entry program, is just that, trying. I found it entertaining, stressful, and heartbreaking all at the same time. Some days I wanted to run away and never come back and some days I was convinced this was the perfect career path for me. To say it was a rollercoaster ride is an understatement, but I wouldn't trade those three years for the world. From moving to the big city (from home in Thunder Bay), to meeting new life-long friends (you know who you are!), to having the greatest class ever (I love each and every one of you!!) to learning about this fascinating field we call nursing, my time at McGill exceeded my highest expectations. After graduation I decided to stay put and start my career in Montreal, and

am now working in the Emergency Department at the Royal Victoria Hospital. I am lucky to have found a great team, and a challenging work environment with opportunities to grow and learn. Words of wisdom to any nursing student? Never lose your curiosity, it will carry you through so many strange and wonderful situations, and don't ever forget the incredible healing power of an impromptu dance party. Thank you class of 2010, wouldn't have wanted to go through this program with any other group.



Sarah Stone Going to McGill was one of the biggest life-altering adventures I've had. After studying Science for four years in Sudbury, Ontario, I didn't know what I wanted to do with my life. My aunt suggested a degree in Nursing and told me about the Direct-Entry Master program at McGill. This seemed like the perfect way to further my education and set myself up for a career without "going back" to do another undergraduate degree. So this small-town girl (from a hometown of approx. 6500 people) moved to downtown Montreal. Although overwhelming at first, I've never looked back. Since graduating, I have moved back to my hometown to work in the ICU. It is quite a change from the ICU at the Montreal General. There are only six beds cared for by two nurses and most of the patient are either cardiac or surgery related diagnoses. However, in the summer months, we specialize in caring for Massasauga Rattlesnake bites! During my three years at McGill, I met the most amazing people and made life-long friends. After a particularly hard summer following my first year at McGill, I discovered that the people I had met were more than just classmates, they were friends. To those who shared hugs and tears, lent an ear to listen or a laugh to brighten my day, even those who joined me at gym to help me get out of my "enormous" apartment, THANK YOU!. You helped me through, gave me strength, and made Montreal a wonderful experience! I miss you all!



Melanie Zwetkow I started this program completely unaware of what I was getting myself into, and to be truly honest, now that it's all over, I still don't think I can even explain my experience to anyone who hasn't done it. These past three years have been quite the roller coaster ride. I'd say I had a love-hate relationship with this program. I really enjoyed what I was doing...most of the time. For the majority of clinical, I felt incompetent – yes, this is a normal feeling to have. My research project felt like it was never ending – but it did! Three years were spent learning endless theory through “self-directed learning” with minimal technical skills. However, I got to meet some amazing and inspiring people along the way. Today I work at the Jewish General Hospital on a surgical floor. So hang in there fellow Direct Entry Students, this program might seem hard at times, but in the end, it'll all be worth it. You can do this! I mean, if I can...

Nadine Al-Hawari
Lindsay Bourchard
Shanna Breiner
Louisa Luciani Castiglia
Sze Ting Chan
Annie Chevrier
Joyce Frimponaa Danquah
John Kayser Danquah
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