Nurses as global citizens

A day in the life of an outpost nurse
Building capacity in Ethiopia
Advancing nursing in Afghanistan
Global health in the curriculum
Jaime Lapeyre, BScN0T4, MN0T5
Bloomberg PhD Student

Hometown: Undetermined. I like that I don’t have a specific answer to this question. I’ve spent time in so many different places!

Why I became a nurse: Being a third-generation nurse, I recognized the variety of opportunities available to nurses and wanted a challenging career. I always enjoyed math and science, though, so I entered engineering. But it wasn’t long before I decided to move into nursing.

Bio: I obtained my BScN and MN from U of T in 2004 and 2005, respectively. I began my PhD in 2007, studying with Dean Sioban Nelson. My area of research is 20th century international nursing history, including the role of the Rockefeller Foundation and League of Red Cross Societies in developing international nurse leaders during the interwar period. I have worked in public health and was a nursing professor at the Humber Institute of Technology and Advanced Learning in Toronto.

I feel strongly about: Candy and seeing as much of the world. Wait! Did I mention candy?

I wish people would be more: Conscious of the way their actions affect others.

Most treasured high-tech gizmo: My flash drive. Its contents would provide a stranger with the exact details of my life for the past five years.

Contribution to Pulse: Lapeyre knows her way around archives and found Pulse the intriguing photograph on page 33.

Gail Tomblin Murphy, PhD0T5
Professor at Dalhousie University

Hometown: Calgary. Why I became a nurse: I have always enjoyed relating to people and influencing them to live a healthy lifestyle. I am a very outgoing person who cares about people, and I knew that nursing would be a great way for me to use these attributes.

Bio: At Dalhousie University in Halifax, I’m the director of the WHO/PAHO Collaborating Centre on Health Workforce Planning and Research. At U of T, I’m a co-investigator with the Faculty’s Nursing Health Services Research Unit. I’m also a runner, and I just completed my 14th marathon. I’m thrilled to have qualified for the 2010 Boston Marathon!

I feel strongly about: All people have the right to healthcare that is accessible, equitable and aligned with their health needs. Health planners need to consider people’s needs and plan health services according to those needs.

I wish people would be more: Happy.

Most treasured high-tech gizmo: I didn’t become a BlackBerry user until about six months ago, and now I know why so many people use them. My BlackBerry has really helped me become more efficient in my work. My husband and three children, though, remind me that I need to put it away when I am home.

The pet I would do anything for: My dog, Dakota, is a four-year-old German shepherd. This wonderful animal is kind, considerate and always willing to participate in family activities. He loves the cottage, swims like a fish and dives off the end of the wharf.

Contribution to Pulse: Tomblin Murphy wrote the Opinions piece on page 26.
Features

06 It’s a small world after all
The world has reshaped itself economically and politically, and the line between here and there has dissolved
By Dean Sioban Nelson

09 Nursing in an Aboriginal village
You don’t have to cross the border to find a community with constrained resources

12 United we stand
Nurses in Toronto and Addis Ababa are collaborating to strengthen Ethiopia’s capacity to deliver optimal healthcare

14 Volunteer in Afghanistan. Anyone?
Alumna Karima Velji is about to volunteer in Afghanistan—for the third time

16 A global community of scholars
Bloomberg researchers are helping resolve healthcare issues of international importance

18 The politics of health
Carles Muntaner has broken new ground with his research into the mental health of the working poor around the world

20 Global health in the curriculum
Students have the opportunity to practise in a resource-constrained community

Departments

02 Contributors
04 Letters
05 Dean’s message
28 News
31 Events

24 Q&A
A conversation with Judith Oulton, the former CEO of the International Council of Nurses and the 2009-2010 Frances Bloomberg International Distinguished Visiting Professor

26 Opinions
Taking the lead: Nurses have what it takes to address global health issues
By Gail Tomblin Murphy

33 Time Travel
Looking back, forging forward

Cover: Nicole Helmer, MN OT9, practises in Moose Factory, Ontario. Photograph: Evan Dion.

Above: Jenna Hoyt, BScN OT8, helped found the Women’s Business Initiative in Addis Ababa, Ethiopia. The initiative helps local people start or expand a business so they can buy adequate food for themselves and their families.
Good job!
I have just finished reading *Pulse* and wanted to let you know what a wonderful publication it is. Community health is near and dear to my heart, so I was particularly interested in the Fall/Winter 2009 issue. As a publication, it is so professional and the articles so compelling.

**Audrey Danaher, MScN 8T2**  
Toronto

It’s about time
I read the last issue of *Pulse* magazine about community health and public health nursing with great interest. As a public health nurse of 50-plus years, I was delighted to learn that there is (finally) a renewed interest in this vital field.

**Betsy L. Schubert, BScN 5T7**  
Le Lignon, Switzerland

A pat on the back
I received my copy of *Pulse* today and want to congratulate you and the team on a very strong and informative edition.

**Barbara Mildon, BScN 9T3, MN 9T8, PhD(c)**  
Surrey, British Columbia

Tell us what you think!
Do you have an opinion or question about an article in this issue of *Pulse*? Drop us a line at pulse.magazine@utoronto.ca or the Bloomberg Faculty of Nursing, 155 College St., Suite 130, Toronto, ON M5T 1P8. Letters may be edited for length and clarity.

Greener all the time
In printing *Pulse*, we have always considered the issue of sustainability. We have only used paper certified by the Forest Stewardship Council (FSC), an independent, not-for-profit organization that promotes the responsible management of the world’s forests.

With our global citizenship issue, we took the opportunity to make the publication even more environmentally friendly. The paper you’re holding has more recycled content than that in previous issues. It’s 50 per cent recycled, including 30 per cent post-consumer waste. We also changed to General Printers, a company that makes eco-friendly initiatives a priority. They created all the dazzling colours and crisp text in this issue with vegetable-based inks!

For those who want to reduce their environmental footprint even further, you can request that *Pulse* be emailed to you. To make this request, email development.nursing@utoronto.ca or phone 416.946.7097.
The International Office at the Bloomberg Faculty of Nursing is a busy place. Right now, it’s preparing a group of students to go to First Nations communities (thanks to the generosity of Health Canada) and another group to go to northern India (thanks to our gracious partner, the Catholic Hospital Association of India). This summer, these students will be supported in learning about practice in environments that are very different from those in downtown Toronto. They’ll come face to face with the ever-growing health challenges that populations around the world are trying to meet with too few resources.

We are also preparing for our second trip this academic year to Addis Ababa University in Ethiopia where the Bloomberg Faculty, as part of a broad health-science collaboration between the two universities, is partnering to support the development of our nursing colleagues’ master’s program, and to build structures and knowledge that strengthen clinical teaching in Addis.

Yet another group of colleagues is working on a collaborative project with two Brazilian states (Acre and Mato Grosso do Sul) that the Brazil Ministry of Health and Pan American Health Organization have funded. This major development initiative supports further education for nurses practising on family healthcare teams. Brazil has achieved remarkable success with its pioneering model of multidisciplinary primary healthcare teams (from which we have much to learn), and has more than 30,000 teams across the country. This is the first initiative to look at supporting the educational needs of these nurses. In partnership with two federal state universities, the project also explores the development of graduate pathways for primary healthcare nurses in Brazil.

In addition to these dynamic, groundbreaking initiatives, the Bloomberg Faculty has a steady flow of visiting doctoral and postdoctoral fellows, scholars and government officials from around the world.

There are several reasons why the Bloomberg Faculty is deeply committed to global engagement. First and foremost is our education mission. We aim to build on our students’ great enthusiasm for global health issues with in-depth knowledge and skills to equip them to be well-informed, creative practitioners—wherever in the world they find themselves. Our students are the future of the profession, and it is critical that they develop a sound understanding of just how much the world has changed and continues to change; have an opportunity to practise in diverse settings, from rural Manitoba to northern India; experience the privilege of being mentored by local nurses on locally relevant practices; and develop skills in community engagement.

The second driver for international partnerships and programs is our research mission. Outstanding scholarship generates new ways of thinking and practising, especially when it involves collaboration with like-minded individuals around the world. The Bloomberg Faculty has established a global network of researchers, graduate students, postdoctoral trainees, professional leaders and policymakers. It is through scholarly networks that practice moves forward, generating new research questions requiring new knowledge and the adaptation of findings to new populations and contexts, building the discipline of nursing globally.

The final impetus for global citizenship comes from our commitment to professional leadership and engagement. The Faculty works collaboratively with nursing colleagues and professional leaders from many countries, supporting the development of nursing education as a critical intervention to strengthen healthcare systems and improve healthcare around the world. From Ethiopia to Spain, from India to Brazil, countries are developing or expanding their graduate programs to build their capacity to develop new practice roles and professional pathways for nurses, and to support the growth of university programs through faculty education. With the Bloomberg Faculty’s wealth of knowledge in graduate program development, along with its close partnerships in the Toronto Academic Health Network, we are finding numerous opportunities to partner with international colleagues to create locally relevant programs for nurses.

So yes, busy is certainly the order of the day. But it’s energizing work and, by harnessing the enthusiasm of students, faculty, alumni and partners in the profession, the Bloomberg Faculty is honouring its commitment to global citizenship as a core value for today, and for Bloomberg nurses of the future.

The global engagement agenda: Why we care

By Dean Sioban Nelson, RN, PhD

The International Office at the Bloomberg Faculty of Nursing is a busy place. Right now, it’s preparing a group of students to go to First Nations communities (thanks to the generosity of Health Canada) and another group to go to northern India (thanks to our gracious partner, the Catholic Hospital Association of India). This summer, these students will be supported in learning about practice in environments that are very different from those in downtown Toronto. They’ll come face to face with the ever-growing health challenges that populations around the world are trying to meet with too few resources.

We are also preparing for our second trip this academic year to Addis Ababa University in Ethiopia where the Bloomberg Faculty, as part of a broad health-science collaboration between the two universities, is partnering to support the development of our nursing colleagues’ master’s program, and to build structures and knowledge that strengthen clinical teaching in Addis.

Yet another group of colleagues is working on a collaborative project with two Brazilian states (Acre and Mato Grosso do Sul) that the Brazil Ministry of Health and Pan American Health Organization have funded. This major development initiative supports further education for nurses practising on family healthcare teams. Brazil has achieved remarkable success with its pioneering model of multidisciplinary primary healthcare teams (from which we have much to learn), and has more than 30,000 teams across the country. This is the first initiative to look at supporting the educational needs of these nurses. In partnership with two federal state universities, the project also explores the development of graduate pathways for primary healthcare nurses in Brazil.

In addition to these dynamic, groundbreaking initiatives, the Bloomberg Faculty has a steady flow of visiting doctoral and postdoctoral fellows, scholars and government officials from around the world.

There are several reasons why the Bloomberg Faculty is deeply committed to global engagement. First and foremost is our education mission. We aim to build on our students’ great enthusiasm for global health issues with in-depth knowledge and skills to equip them to be well-informed, creative practitioners—wherever in the world they find themselves. Our students are the future of the profession, and it is critical that they develop a sound understanding of just how much the world has changed and continues to change; have an opportunity to practise in diverse settings, from rural Manitoba to northern India; experience the privilege of being mentored by local nurses on locally relevant practices; and develop skills in community engagement.

The second driver for international partnerships and programs is our research mission. Outstanding scholarship generates new ways of thinking and practising, especially when it involves collaboration with like-minded individuals around the world. The Bloomberg Faculty has established a global network of researchers, graduate students, postdoctoral trainees, professional leaders and policymakers. It is through scholarly networks that practice moves forward, generating new research questions requiring new knowledge and the adaptation of findings to new populations and contexts, building the discipline of nursing globally.

The final impetus for global citizenship comes from our commitment to professional leadership and engagement. The Faculty works collaboratively with nursing colleagues and professional leaders from many countries, supporting the development of nursing education as a critical intervention to strengthen healthcare systems and improve healthcare around the world. From Ethiopia to Spain, from India to Brazil, countries are developing or expanding their graduate programs to build their capacity to develop new practice roles and professional pathways for nurses, and to support the growth of university programs through faculty education. With the Bloomberg Faculty’s wealth of knowledge in graduate program development, along with its close partnerships in the Toronto Academic Health Network, we are finding numerous opportunities to partner with international colleagues to create locally relevant programs for nurses.

So yes, busy is certainly the order of the day. But it’s energizing work and, by harnessing the enthusiasm of students, faculty, alumni and partners in the profession, the Bloomberg Faculty is honouring its commitment to global citizenship as a core value for today, and for Bloomberg nurses of the future.
The world has reshaped itself economically and politically, and the line between here and there has dissolved

By Dean Sioban Nelson, RN, PhD

It seems that everywhere you look these days there’s a story about global health. In January, Bill and Melinda Gates announced that their foundation will commit $10 billion over the next decade to research and develop vaccines, and then deliver them to the world’s poorest countries. Prime Minister Stephen Harper, as president of the G8, declared that reducing infant mortality and maternal deaths will be a G8 priority. And dozens of media stories continue to report on collaborations, partnerships and projects between Canadian universities, hospitals and NGOs to improve global health. It seems that global health and global citizenship are the catch cries of the moment.

Much of the global citizenship discussion is a continuation of a longstanding theme of social responsibility manifested by the need for countries and communities that are fortunate in terms of wealth, health and political freedom to redress global inequities. This approach has a strong tradition at the University of Toronto’s Faculty of Nursing. In the mid-20th century, the Faculty prepared its graduates to be public health nurses, and these nurses constituted the vanguard of the new public health movement that swept across Canada and throughout many parts of the world. As a hub of the Rockefeller Foundation network of world-leading schools, the Faculty educated nurses from dozens of countries, equipping them to take the gospel of public health home to set up schools, public health programs and clinics. Under the leadership of Kathleen Russell, the founder of U of T’s nursing program, the Faculty established an international reputation for public health. In many parts of the world, U of T is still remembered for its contributions to public health and nursing education.

In the past, international projects were driven by noblesse oblige or the simple desire to build a more just world. Today, the world is seen as being much smaller and more interconnected. These days, few would argue against the idea that terrorism is everyone’s problem, or that there are shared global responsibilities to meet the challenges of climate change, or that pandemics threaten every country on the planet. And just as the world’s problems have morphed into everyone’s issues, it has become increasingly evident that the wealthy nations of the world don’t have all the answers—for themselves, let alone for the rest of humanity.

In fact, a prime element of contemporary ideas about global citizenship is the recognition that the world’s problems are not all “over there.” Few wealthy nations are immune to health disparities within their own country. There are resource-rich and resource-poor environments in Canada too, and the health of Aboriginal peoples continues to dramatically reflect this disparity. Canadians justly take pride in their healthcare system, but there are still plenty of areas for improvement and much to learn from collaborations with partner countries who have implemented successful initiatives in their communities.

The new world order

To engage effectively with the world, it’s important to understand the global shift that has occurred over the last 25 years. The remarkable Hans Rosling, a public health professor at the Karolinska Institutet, Sweden, challenges his students and the public who flock to his talks to recalibrate their mindset to see the world as it is now. The traditional “them and us” view of world—in which “they” are economically developing countries with large families and short life expectancies, and “we” are economically developed countries with small families and long life expectancies—simply doesn’t work anymore. In the converging world that Rosling describes so well, the bulk of the world now fits into the middle-income category, and the greatest differences are within countries and regions. In the new world order, Singapore now matches Sweden’s health indicators, Shanghai has leapt forward and caught up to high-income countries on all economic measures, and the Indian state of Kerala easily outperforms the U.S. on health indicators.

If “developed” and “developing,” “First World” and “Third World,” and “West” and “East” no longer work as categories, what does? Some use “majority world” and “minority world” to reinforce the minority
status of Organisation for Economic Co-operation and Development (OECD) countries. Others use “resource rich” and “resource poor” to avoid the development paradigm and focus on the issue in point—wealth versus poverty. “North” and “South” are also common terms as the hemispheres can describe the wealth-poverty global meridian. None of these terms, however, truly describe the rapidly shifting new world order that has Brazil rising in the South, India and China towering in the East, and countries as different as Turkey and Vietnam defying old development categories.

The role of nurses
How does the Faculty prepare students to be socially informed, well-educated global citizens of the new world order? And what role can nurses play to ensure that the world community delivers on its global health imperatives? As a leading research-intensive nursing faculty, we have been seriously considering these questions.

One challenge that nursing faces is that it straddles the three domains of education, service delivery and professional regulation. To affect any change that has a lasting impact, all three elements need to be co-ordinated. If governments invest in education programs through universities and colleges but the education sector has no formal relationship with hospitals or other clinical sites, then the clinical aspect of the education will not improve. Similarly, if there is no role for the profession to set standards of programs, licensure or regulation, then it will be impossible to establish standards of practice or create quality expectations among educational institutions.

In Canada, we have struggled with these tripartite complexities and benefit greatly (albeit in a taken-for-granted way) from the fact that the professions are self-regulated but governed by law, that universities and colleges are strictly accountable to government for quality assurance, and that healthcare providers have rigorous standards of accreditation. It has been a long path to reach this point, and the standard of care that Canadians receive completely relies on these three components.

Throughout the world, the development of a strong nursing profession faces myriad challenges. In some countries, war or political instability has undermined the regulatory framework, and “nurse” and “midwife” are not protected titles so anyone can use them. In other countries, nursing programs are new to the university sector, and there is no history of collaboration between the clinical site and the university, making it difficult for the university to provide appropriate clinical experiences for students. In some areas, the clinical settings are so understaffed and under-resourced that students pose an impossible burden on the nurses practising there.

One of the Faculty’s goals is to meaningfully partner with colleagues in the profession, such as the Canadian Nurses Association, and with those in practice settings through the Toronto Academic Health Science Network (TAHSN) and community health organizations. This goal ensures that the work we engage in internationally is not solely education focused, but pays attention to the professional and practice contexts. Sadly, in our experience these complex dimensions to nursing are not always evident to funders and policy-makers, largely because nursing is seldom well represented (if at all) around the tables where decisions are made on how to best address a country’s health needs.

Hitting the target
Meeting the Millennium Development Goals requires not only the innovation agenda of breakthrough vaccines, it requires a sustainable healthcare system. A sound healthcare system requires infrastructure that supports quality education programs for all healthcare professionals, national standards and regulation, and an appropriate framework for clinical education. It is on these latter issues that the University of Toronto has much to offer. Not only do we have the benefits of an integrated approach to education and practice in our own programs, but our partnerships across the health sciences and with teaching hospitals and community service providers provide us with a broad array of resources for both education and practice-based initiatives.

This is the basis of our approach to global engagement. We are interested in opportunities for partnership that support our colleagues around the world to build capacity in education, professional advancement and furthering practice. It is only through this tripartite mission that nurses can truly contribute to strengthening healthcare systems and that a sustainable workforce can be achieved. Critically, these partnerships also provide vital opportunities for faculty and students to engage as global citizens, to learn from our colleagues from Northern Canada to East Africa, and to work together as nurses on a global agenda to address healthcare and health workforce needs.

When the Faculty engaged in the international domain during the mid-20th century, it did so from the perspective of the development model prominent at the time. The Faculty had the expertise, and nurses from around the world came to listen and learn. Western values shaped the Faculty’s professional mission and vision, and the effective transport of those values was its measure of success. Today, the world has reshaped itself economically and politically, and the line between here and there has dissolved. Global citizenship now means doing as much learning as teaching, as well as taking responsibility for the state of the poor and marginalized in our own backyard. For our students, the key message is that the desire to listen and learn is more important than the illusion of having all the answers.

What’s in a word?
*Pulse*’s editorial team faced a difficult decision. After collecting all of the articles for this issue, we noticed a bewildering number of words to describe a country with a transitional economy. To attain clarity, we decided that we had to choose one term and stick to it. We chose *country or community with constrained resources.*
You don’t have to cross the border to find a community with constrained resources

“It is so absolutely beautiful,” remarked Pam Walker when she arrived in Skidegate, a Haida village on the Queen Charlotte Islands in British Columbia. Then she began to feel uneasy. “It was hard to get used to the quiet and to being so remote,” she recalls. But before long, Walker, who stayed in a cabin on the shoreline, was catching salmon off her front porch and delighting in sighting grey whales in the inlet.

Walker also began providing nursing care to the population in Canada with the poorest health. Compared to the health of the general Canadian population, Aboriginal peoples experience more chronic health conditions, and more violent and accidental deaths. Many can’t access what every human needs to be healthy—nourishing foods, sanitation and adequate housing.

“Some families’ lives were chaotic with poverty, abuse and alcohol, and as a nurse you witnessed a lot,” says Walker, BScN 8T9. But over her two years in Skidegate, Walker slowly and quietly forged a deep connection with the community. “I always start with respect. It’s important to listen and watch, and not to rush in. It takes time to build relationships.

“I’m full of gratitude to the Haida people for welcoming me into their homes as their nurse was an incredible gift.”

After practising at Aboriginal health clinics for 18 years, Walker felt drawn back to Toronto, which is where she grew up. In the fall, Walker joined the Bloomberg Faculty as a lecturer in community health. “I’m thrilled to be teaching nursing here,” she says. “Nursing in remote Aboriginal communities has given me such a meaningful career. Being able to share my experiences and support students interested in this kind of nursing is so rewarding.”

The time is now

Every Aboriginal community has a unique history and culture, and every Bloomberg graduate who practises in an Aboriginal community has a unique experience.

Take Nicole Helmer, for instance. The first time she went to Moose Factory in northern Ontario to practise at Weeneebayko Health Ahtuskaywin, she didn’t want to go home. “I’ve always felt really connected with my Aboriginal roots,” says Helmer, whose family originates from Golden Lake, an Algonquin reserve north of Ottawa. “I’ve always felt that Aboriginals have been treated unfairly.

“Now’s the time to take a proactive approach and fix the mistakes of the past,” continues Helmer, MN 0T9. One mistake she wants to fix is the expectation that Aboriginal peoples must follow the healthcare rules of Canada’s mainstream culture. “By disregarding their traditional healing practices, it further perpetuates their assimilation,” she says.
In Weeneebayko, which serves a predominantly Cree population, there’s a traditional healing room. In the darkened room, patients and community members sit in a circle and participate in a traditional healing ceremony led by a medicine person. In the smudging ceremony, for example, the medicine person burns sacred plants and fans the smoke around the patient. “Every hospital that serves a high number of Aboriginals should have a traditional healing room,” says Helmer. “Healing circles are an important part of Aboriginal culture and symbolize family and unity. For hundreds of years, they’ve been a way of coming together to support one another through a difficult time.”

Are you kidding me?
Now working on her PhD at the Bloomberg Faculty, Helmer spends a week every month at Weeneebayko where she’s establishing a satellite chemotherapy centre so patients no longer have to fly to Kingston for treatment. Helmer believes there shouldn’t be such a high number of Aboriginals with cancer. “There’s a lack of attention paid to cancer prevention in Aboriginal communities,” says Helmer, citing a study that found that healthcare professionals are much less likely to offer Aboriginal women a Pap smear.

Helmer also laments the chronic staff shortage at Weeneebayko. “Physicians and nurses don’t want to live in Moose Factory,” she says. “It’s a totally different way of life, but I love it. I’m living my dream.”

Not that it’s always a happy dream. Take the resource inequity. When Helmer arrived at the Moose Factory facility after training at Toronto’s University Avenue hospitals, she looked around and asked, “Are you kidding me?” The supplies that were at her fingertips in Toronto were nowhere to be seen. “Weeneebayko has only just got retractable needles, whereas Princess Margaret Hospital has had them for five years,” she says.

What really upsets Helmer is any suggestion that Aboriginal peoples are responsible for their poor health. “We’re so quick to blame the victim,” she says. “The question we need to ask this population is: What kind of resources can we provide to make life better for you?”

Beware of bears
For her final clinical rotation, Hilary Hall spent eight weeks in Moose Factory. She started her day by jogging through the brush, keeping an eye out for bears and wild dogs. Then she went to Weeneebayko where she practised in the ER, in labour and delivery, and on the inpatient floor.

Hall still can’t get over the number of suicide attempts she witnessed. “It felt like every time I worked a shift in the ER, a suicide attempt came in,” she recalls. “They were almost all young people, under 30. There are few prospects for youth in Moose Factory right now. There are no jobs.”

She tried to form a psychotherapeutic relationship with these patients, but kept being called away. A helicopter would land behind the hospital bringing a patient requiring immediate attention. “The ER is the worst place to be if you have a mental health problem,” she says. “And it wasn’t much better for these patients on the inpatient floors. There wasn’t adequate staff, and the nurses were always busy with the acute-care patients.”

But it was more than the staff shortage making it difficult for Hall to establish therapeutic relationships. “As a nurse from the South, you’re tied in with the government, with residential schools and land claims. Although everyone is very welcoming and friendly, you are always an outsider,” says Hall, BScN 0T9. “The community knows you’re temporary so it’s hard for them to invest in a relationship with you.”

Hall plans to practise in an Aboriginal community again, but not until she can stay for at least two years. “You need to make a commitment,” she says. “It’s only fair.”

The health of the Aboriginal population compared to the general Canadian population

<table>
<thead>
<tr>
<th>Health indicators</th>
<th>Aboriginal population</th>
<th>General Canadian population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant deaths per 1,000 live births¹</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>A man’s life expectancy at birth (years)</td>
<td>69²</td>
<td>78¹</td>
</tr>
<tr>
<td>A woman’s life expectancy at birth (years)</td>
<td>77³</td>
<td>83¹</td>
</tr>
<tr>
<td>Percentage experiencing a major depressive episode in the past year⁴</td>
<td>13.2</td>
<td>7.35</td>
</tr>
<tr>
<td>Percentage with diabetes⁵</td>
<td>7</td>
<td>2.9</td>
</tr>
<tr>
<td>Death by suicide per 100,000⁶</td>
<td>28</td>
<td>13</td>
</tr>
</tbody>
</table>

2. Canadian Population Health Initiative, CIHI. Improving the Health of Canadians, Revised September 2004. Figure for on-reserve Status Indians.
6. Canadian Population Health Initiative, CIHI. Improving the Health of Canadians, Revised September 2004. Figure for on-reserve Status Indians.
Above the Arctic Circle

Sharon Cardiff, NP, shares a day of her life in Old Crow, Yukon, where she practises in the two-nurse health station. The fly-in community is home to the Vuntut Gwitchin First Nations tribe. Population: 250.

The alum stays for about one month, four times a year, each time living in an apartment in the health centre. While she misses her family in Campbellville, Ont., Cardiff likes life in the Far North. “In the Yukon, you get to experience another way of approaching life,” she says.

8:00 a.m. The alarm rings. It’s pitch black outside, and since it’s January it won’t begin to get light until 11. I start cooking oatmeal while I put on my greens.

8:30 a.m. When I go downstairs, the smell of fresh coffee greets me. The caretaker has come early to put the coffee on. Today is “Blood Day,” the one day of the week when we can fly out lab specimens to be analyzed in Whitehorse. Already, clients are in the reception area waiting for their tests. After taking the samples, the other nurse and I spin the blood down and package it.

10:30 a.m. A male elder brings in some bannock he just made. Oh good, it’s the fluffy kind that’s been fried. Some of the clients have stayed, and I sit in the waiting room enjoying coffee and bannock with the elder, the clients and my fellow nurse.

11:00 a.m. Other patients begin to arrive. Everyone knows we’re here so they just show up. We don’t make appointments. One patient has a lesion on her hand. She has been treating it with pitch, a First Nations remedy made from tree sap and bark. “Do you mind if I have a look at it?” I ask. “You’ve been trying to care for it yourself, which is good, but can you see there’s still a little pus in it?” I take a swab and slip it into the parcel with the blood samples.

12:00 noon I get an hour for lunch, so I go up to my apartment and warm the chili I made yesterday. For variety, I cut up some moose meat and toss it in. It’s an unwritten rule among the Vuntut Gwitchin that all single women are supplied with meat throughout the winter. I like that the Vuntut Gwitchin make me part of their community, even taking me hunting and fishing with them. When the chili is bubbling, I settle in front of the TV to watch “Perry Mason,” which I get via the community satellite dish. I love how every episode of “Perry Mason” has a moral lesson.

1:00 p.m. Back in the clinic, a man needs prompt care. He got tangled in the dog leads on his sled and fell on his arm. The injury is obviously quite painful, and when I examine the arm I see that it’s swollen. I take an X-ray which I develop in the darkroom under a red light. From the X-ray, it isn’t clear whether his ulna is broken, so I phone a partner physician in Whitehorse. The doctor tells me she needs to look at the arm herself and see the X-ray. I splint the arm and arrange for the man to be flown to Whitehorse tomorrow. His family will take him to the airport, and when he arrives in Whitehorse a taxi will drive him to the hospital’s ER. A physiotherapist comes to Old Crow twice a year, and I’m tempted to put his name on the list of physiotherapy clients, but I better wait to assess his recovery.

5:00 p.m. I go back to my apartment, but since I’m on call until 8:30 tomorrow morning I take the radio phone with me. I roast some caribou and make rice. For dessert, I eat the canned peaches I bought at Old Crow’s one-and-only store. The can of peaches cost $5.25.

7:00 p.m. I go down to the clinic to use the computer. I’m taking an online course through the federal Public Health Agency.

8:30 p.m. I decide to go to the community centre to exercise. It’s only a five-minute walk away, but I put on ski pants, the red jacket the Yukon government issued me, a hat, double-lined mitts and serious boots. At 40 below, your ears freeze in five minutes. I take the radio phone with me in case someone needs to reach me.

8:35 p.m. At the community centre, I walk for an hour on the treadmill while reading the mystery novel I borrowed from the Whitehorse library.

11:00 p.m. I crawl into bed wondering if the phone will ring. When I’m on call, it can be hard to fall asleep.††
Nurses in Toronto and Addis Ababa are collaborating to strengthen Ethiopia’s capacity to deliver optimal healthcare

Ethiopia faces some of the world’s most serious political, economic and healthcare challenges. The burden of disease from potentially preventable diseases, such as HIV/AIDS, malaria and tuberculosis, is staggeringly high. Ethiopian nurses face insufficient resources, high nurse-to-patient ratios and inadequate policies to support safe practice. These unfavourable working conditions have led many Ethiopian nurses to move to wealthier countries to practise, increasing the African nation’s nursing shortage.

Since 1999, Addis Ababa University, in Ethiopia’s capital city, has graduated more than 6,500 nurses and midwives. In 2003, it upgraded its nursing course from a diploma to a degree program. Then in 2005, it introduced a master’s of science (nursing) program. This rapid growth has created a significant demand for nursing instructors with postgraduate degrees and scholarly skills. But financial and material resources are scarce, making it difficult for the university to recruit faculty to fulfil its education and research activities.

Stronger together
Nurses have a way of coming together to help each other out. The Bloomberg Faculty of Nursing and the Canadian Nurses Association (CNA) have begun to link a number of initiatives to provide an integrated approach to working with our Ethiopian colleagues in the areas of education, practice and professional leadership. Building on CNA’s strong relationship with the Ethiopian Nurses Association (ENA) and the University of Toronto’s links with the Addis Ababa University (which includes medicine, pharmacy and engineering), the Bloomberg Faculty has connected the professional advancement project with professional education initiatives and joined forces with the Centralized School of Nursing at Addis Ababa University. Together, the CNA, ENA, Addis Ababa University and U of T have created the Ethiopia-Canada Nursing Collaboration which has developed a multiple-intervention approach to strengthen nursing in Ethiopia and support the efforts of Ethiopian nurses to improve their country’s healthcare system.

In April, Amy Bender, PhD ’99, an assistant professor at the Bloomberg Faculty, travelled to Ethiopia with Angela Cooper Brathwaite, PhD ’04, a Bloomberg assistant professor and a manager of injury prevention in the public health division of the Durham Region Health Department. They spent one month facilitating research and clinical leadership seminars and working with Addis Ababa University faculty to provide second-year graduate students with one-on-one thesis support. Further trips are planned for the fall and in 2011.

“The faculty at Addis Ababa already teaches a good curriculum,” says Bender. “The collaboration is intended to support the faculty in building the research and leadership capacity of their master’s students, many of whom have limited clinical experience and yet are responsible for teaching nursing in other parts of the country.” The Bloomberg Faculty’s immediate focus is on graduate education, but it will also work on creating links between advanced practice clinicians in Toronto and the ENA, as well as nursing leaders in clinical settings in Addis.

The motivation to improve nursing in Ethiopia is strong, even though the country faces many challenges. U of T’s Bloomberg Faculty of Nursing will continue to stand with and support Ethiopian nurses through this time of growth.

A comparison of Ethiopian and Canadian health indicators

<table>
<thead>
<tr>
<th>Health indicators</th>
<th>Ethiopia</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant deaths per 1,000 live births</td>
<td>110</td>
<td>5</td>
</tr>
<tr>
<td>Probability of dying under age 5 per 1,000 live births</td>
<td>166</td>
<td>6</td>
</tr>
<tr>
<td>A man’s life expectancy at birth (years)</td>
<td>49</td>
<td>78</td>
</tr>
<tr>
<td>A woman’s life expectancy at birth (years)</td>
<td>51</td>
<td>83</td>
</tr>
<tr>
<td>Percentage of adults who are obese</td>
<td>0.3</td>
<td>25%</td>
</tr>
<tr>
<td>Adult literacy rate (%)</td>
<td>41.5</td>
<td>99%</td>
</tr>
</tbody>
</table>

Unless indicated otherwise, all figures are from the World Health Organization and reflect its published data as of January 2010. See www.who.int/countries.
Sheltering street children

Before starting her nursing degree, Jenna Hoyt spent a summer volunteering at an AIDS hospice in Addis Ababa, the capital of Ethiopia. “I was completely shocked by what I saw,” she recalls.

On every corner of the ancient city was a young boy begging or a tiny girl selling sticks of gum. Children were lying on cardboard in doorways and scavenging the garbage for food. Thousands upon thousands of children were living on the street. Hoyt learned many had been orphaned by AIDS. She learned that the children stay awake all night, ready to run from people who want to beat or rape them.

It was 2003, and Hoyt had become fast friends with two young Ethiopian men wanting to help the children. In 2006, they founded Little Voice Foundation and opened a home for 30 orphaned or abandoned children, aged six to 13.

Today, Hoyt, BScN ’08, doesn’t practise nursing in a traditional way. But through the home, Hoyt says she draws from what she learned at U of T every day. “At the Faculty of Nursing, I learned to look at communities and see their strengths, not their weaknesses. I learned to ask people what they need, not to tell them what I think they need. I learned to treat each individual as a member of family, a community, a society and a culture. I learned to rely on my judgment and to listen more than I speak.” Hoyt, 29, shares a day in her life.

7:30 a.m. The sun tumbles through my open window and wakes me up. In January, the weather in Addis is beautiful—it’s in the 20s almost every day. I put on my jeans, T-shirt and flip-flops and walk to a café for a macchiato (coffee with steamed milk) and slice of banana bread.

9:00 a.m. The lobby of a nearby hotel has free wireless, so I go sit on a couch, turn on my laptop and email the article I’ve written for the Little Voice online newsletter. I want to keep our supporters in Canada and abroad informed of our work.

9:15 a.m. I buy the paper to check the houses for sale. Since opening the home for street children in 2006, we’ve been renting and had to move three times. Not only is constantly moving hard on the children, we need more space. In our current home, 12 girls share one bedroom! Today, there are no houses listed that we can afford.

9:30 a.m. I’m off to visit a family affected by HIV/AIDS and TB that our foundation sponsors. I knock on the door and enter the one-room house. There’s a mattress on the floor, pictures of Jesus on the walls and a few kitchen materials in a corner. I sit on the mattress, and the mother tells me how she mixes animal dung and charcoal to sell as fuel. When she tells me her children did well on their school exams, she smiles ear to ear.

11:00 a.m. The foundation also funds two primary schools, giving 250 kids an opportunity they otherwise wouldn’t have—to get a Grade 4 education. I meet with Little Voice Academy’s director to discuss extending the school to Grade 8.

To learn more about Little Voice Foundation, visit littlevoice.ca.

Photograph: Jenna Hoyt
Karima Velji, RN, put on a lab coat, rolled up her sleeves and accompanied the nurses on their rounds at a hospital in the Afghan countryside. Velji saw trauma victims, some of whom had stepped on land mines. She saw people suffering from tuberculosis and typhoid fever. She saw many malnourished children, including an eight-year-old boy she’ll never forget.

The boy weighed less than 20 pounds. “We had to feed him through a nasogastric tube because he didn’t/don’t know how to eat. He didn’t know the mechanism of picking up food and putting it into his mouth,” she says. “All he did was moan in pain.”

It was November 2007, and Velji was on the first of two missions to help develop plans for certifying Afghan nurses. She was volunteering with the International Strategic Partnership Program of the Aga Khan Development Network. While non-denominational, the network’s work is underpinned by the ethical principles of Islam; particularly, solidarity with those less fortunate.

The project provides short-term expert consultation with recommendations that members of the host country can implement. “The purpose is to help the country build capacity, not to take over,” says Velji, vice-president clinical and residential programs and chief nursing executive of the Baycrest Centre for Geriatric Care in Toronto. “You go to help the people of Afghanistan fulfil their desires.”

On her missions, Velji had two tasks:
1. Conduct an environmental scan.
2. Develop a strategy to credential nurses at Bamyan Hospital that could potentially be replicated throughout the country.

To add to the challenge, Velji had to complete the tasks at lightning speed because of security issues. She could only stay for about two weeks at a time. “There were many months of orientation prior to the trip, so you hit the ground running and quickly accomplish your goals,” says Velji, MSc 9T7, PhD 0T6. “You go in, you get the job done, and you’re out as quickly as you can.”

Ready to serve
From Kabul, Velji flew to Bamyan, a province in central Afghanistan, with the three other Canadian volunteers, all physicians. “There have been at least two women in each volunteer group going to Afghanistan. You need the support of another woman in such a male-dominated society,” explains Velji, 47.

In the relative calm of the countryside, the volunteers settled into mud houses with thatched roofs. A generator operated for a couple of hours each evening, during which time Velji could access the Internet and email her family.

At 5 the next morning, Velji woke to the braying of a donkey that had brought their water for the day. By 7 a.m., the volunteers were on their way to Bamyan Hospital. As they approached, Velji saw hundreds of people lined up outside of the gates. She later learned that some had walked for days with their sick family members.

I’ll see you next
Run by Aga Khan Health Services, the acute-care facility is “top class,” says Velji. “It follows best practices and is attempting to meet international standards. It even has a telehealth mechanism with a Kabul hospital where a radiologist interprets their X-rays.”

However, as the only tertiary-level hospital in the province, its resources can’t possibly meet the needs of Bamyan’s population of 70,000. The hospital only has 70 beds. “During both of my visits, the hospital was running at over 210 per cent occupancy,” recalls Velji. “Many beds had more than one person in them. With children, it was three to a bed.”

The hospital’s philosophy is: Turn no one away. “There’s a need, and you need to meet it. If you turn people away, what are you turning them away to?” asks Velji, who is also an assistant professor (status) at the Bloomberg Faculty.

What the hospital’s philosophy means for the 30 nurses at the facility is that they can’t go home for days on end. “Both the physicians and nurses complete 24-hour shifts, many days in a row, catching a nap here and there,” says Velji.

I can help
In Afghanistan, 95 per cent of the nurses are men. “In many parts of Afghanistan, women are not allowed to work,” she explains.

Velji accompanied the bedside nurses as they tended to their patients. “The stories of these patients are horrendous. In two weeks, you experience a lifetime,” she says, adding how touched she was by the generosity of the people, most of whom live in abject poverty. “It was a privilege to work with them. They may not have food on their table tomorrow, but they will feed you today.”

Velji also met with several Afghan dignitaries, including Dr. Habiba Sarabi, the governor of Bamyan and a haematologist. Sarabi expressed her support for Velji’s work and encouraged her to develop a program that could lead to the credentialing of nurses across the province.

Hope survived
Velji reports that the nurses cherish the dream of becoming credentialed. “They are so overworked and deal with such tragedy, yet in all of this they want to upgrade their skills and earn their credentials. They want to be able to say they’re properly qualified as a nurse.”

Most became a nurse by apprenticing with nongovernmental agencies. “While having excellent practical skills, they need to develop the theoretical education essential to critical thinking, decision-making and assessments,” says Velji.

Her recommendations include that the nursing school at Aga Khan University in Karachi, Pakistan, adapt its curriculum for practising nurses. The nurses at the hospital could then work four days each week and spend the fifth day studying nursing theory in a hospital classroom. Then in two or three years, they could write their exams and become credentialed.

Velji is now preparing for her third trip to Afghanistan. “You can only accomplish so much from a distance,” she says. “I would go back any time. If I didn’t have a family, I would live there.”

---

A comparison of Afghan and Canadian health indicators

<table>
<thead>
<tr>
<th>Health indicators</th>
<th>Afghanistan</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant deaths per 1,000 live births</td>
<td>129</td>
<td>5</td>
</tr>
<tr>
<td>Probability of dying under age 5 per 1,000 live births</td>
<td>257</td>
<td>6</td>
</tr>
<tr>
<td>A man’s life expectancy at birth (years)</td>
<td>42</td>
<td>78</td>
</tr>
<tr>
<td>A woman’s life expectancy at birth (years)</td>
<td>43</td>
<td>83</td>
</tr>
<tr>
<td>Physicians per 10,000 population</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Nurses per 10,000 population</td>
<td>5</td>
<td>75</td>
</tr>
</tbody>
</table>

All figures are from the World Health Organization and reflect its published data as of January 2010. See www.who.int/countries.
HELLO
my name is

A global community of scholars
**Bloomberg researchers are helping resolve healthcare issues of international importance**

“Great discoveries and improvements invariably involve the cooperation of many minds,” said Alexander Graham Bell more than a century ago.

Good scholarship has global relevance and impact, and the best researchers find each other—no matter what part of the world they live in. At the Bloomberg Faculty, there is a constant stream of visiting scholars, post-doctorates and graduate students from around the world, making it a vibrant and stimulating academic environment. Many Bloomberg faculty members, too, are actively engaged in work that is directed at global health issues. Here, *Pulse* introduces you to three Bloomberg researchers.

**Meet Linda McGillis Hall**
The associate dean of research and external relations at the Bloomberg Faculty of Nursing, Linda McGillis Hall, MScN 1973, PhD 1979, focuses her research on how nurse staffing and practice settings influence patient outcomes. “The global shortage of healthcare personnel has created critical challenges that require the exploration of different staffing models,” she says.

For the International Council of Nurses in Geneva’s International Centre for Human Resources in Nursing, which is dedicated to strengthening the nursing workforce globally through knowledge dissemination, McGillis Hall recently led the development of the report *Skill Mix Decision-Making for Nursing*. “This document will help healthcare leaders globally determine the most effective staff mix needed to provide safe, quality patient care,” she says.

To prepare the report, McGillis Hall conducted a literature review and determined that countries that do not have constrained resources tend to use role-based approaches to determine staff mix. But nations with constrained resources tend to make decisions by analyzing what tasks need to be performed in determining the staff mix.

“Regardless of how the skill mix is decided, cost-effectiveness and safety needs to be considered when making staffing decisions,” she says. In the report, which is available in three languages, she integrates her findings into a three-part checklist for managers implementing a skill-mix change. To access the report, visit www.icnh.org.

**Meet Linda O’Brien-Pallas**
Over the last 30 years, Linda O’Brien-Pallas, BScN 1975, MScN 1979, PhD 1987, has completed nearly 90 research projects, helping to lay the foundation for a science-based nursing profession.

Recently, O’Brien-Pallas completed *An International Survey Monitoring Progress in Nursing and Midwifery: An examination using the Human Development Index* and submitted it to the World Health Organization on behalf of the Nursing Health Services Research Unit (University of Toronto site). “There is a critical global need for healthcare personnel, so careful planning is needed to serve those who have the greatest need of healthcare assistance, especially given that these countries may also be those with the most limited access to resources,” says O’Brien-Pallas, who co-founded the Research Unit at U of T.

To research the report, the Bloomberg professor collaborated with international stakeholders to develop a survey that would evaluate the progress in strengthening the nursing and midwifery workforce. Then, O’Brien-Pallas and her team set out to survey the world—yes, every country and territory on the planet.

The survey results revealed a global movement toward a shared databank, which will allow for forecasting and inter-country planning of healthcare human resources. It also found clear evidence that efforts are being made around the world to follow WHO’s 2002 *Strategic Directions for Strengthening Nursing and Midwifery Services*.

It’s not surprising that the Global Advisory Group on Nursing and Midwifery chose O’Brien-Pallas to head such a far-reaching survey. Researchers around the world praise the rigour of her research.

**Meet Sioban Nelson**
To know who you are, you need to know your history. And nurses need to know their history to understand all the dimensions of what it means to be a nurse. But beyond the familiar stories of Nightingale, the history of the nursing profession remains largely uncharted.

However, a recent initiative aims to rebalance our understanding of nursing history to include all nurses. It’s putting the evolution of the profession around the world centre stage. Through a partnership with Dr. Barbra Wall of the University of Pennsylvania’s Barbara Bates Center for the Study of the History of Nursing, and Sioban Nelson, dean of the Lawrence S. Bloomberg Faculty of Nursing, the diverse, complex stories that etch the development of nursing around the world are being brought to light.

Nelson and Wall have become collectors of stories about nursing history. Last year, they successfully lobbied the International Council of Nurses to include a nursing history section in all of its congresses to provide a venue for nursing history and also to ensure that the multiple voices of nurses from around the world can be heard. At the Council’s congress in Durban, South Africa, speakers from Ethiopia, Tanzania, Uganda, Malawi, Mauritius and Togo reported, some for the first time, on the history of nursing in their nations. They spoke passionately of their remarkable beginnings and continued professional struggles. They shared how their nursing history is intertwined with the history of their education system, and influenced by gender, class and race. They all shared their country’s history of colonialism and its indelible mark on their healthcare system.

The Council’s congresses will provide a platform for nurses everywhere to share their history and strengthen their professional communities. “To move forward as a profession, we need to find our identity,” says Nelson. “The history of nursing reflects and constitutes that identity.”
Carles Muntaner has broken new ground with his research into the mental health of the working poor around the world

If Carles Muntaner was a photographer, he wouldn’t be zooming in for close-ups of a dewdrop. He’d be attaching a wide-angle lens to his camera and shooting panoramic views. Muntaner is a “big picture” kind of guy.

The Bloomberg professor examines how the politics of a country affect the health of its individual citizens. “Politics is just medicine on a grand scale,” says Muntaner, who is cross-appointed to the Dalla Lana School of Public Health. “Politics and science are the essence of population health.”

The study of how politics shape population health—or “political epidemiology” as some call it—looks beyond a government’s healthcare policies to the totality of its initiatives, or inter-sectoral policies. “Consider how a political decision to go to war, or to implement a strategy that leads to widespread poverty or unemployment would affect the health of the people,” he says. “Such political decisions would affect health enormously.”

Muntaner’s studies of the working poor in the U.S., Latin America, Western Africa and South Korea clearly demonstrate the link between health and work. They strengthen the influence of other work-health studies that have, for example, found unemployment to be one of the top-10 contributors to the total burden of disease in the 1990s.

By reporting on the effects of employment to WHO, as Chair of the Employment Conditions Network of the WHO Commission on Social Determinants of Health, Muntaner helped establish employment and working conditions as a social determinant of health.

An important way to improve the health of people, then, would be to ensure healthy employment and work circumstances. To do that, Muntaner doesn’t look to individual employers, but to government and its ability to develop effective social welfare systems and regulate labour markets. “Governments and their agencies are in a position to provide comprehensive standards and laws, and to enforce them,” he says. “Voluntary measures by employers and corporations are too weak and fragmented.”

Rate your job

While many studies suggest that work and employment enhance your mental and physical health, all jobs are not created equal. For example, in Canada, a country celebrated for its welfare system, many workers still fall between the cracks in the system. Factors that contribute to your well-being at work include job security, social benefits, an effective union, the ability to contribute to decisions, a fair income and cohesion among staff members.

If your position doesn’t share these attributes, studies show that you may be risking your cardiovascular health and be more prone to injuries on the job. The research that Muntaner contributed to in South Korea adds to the weight of other studies that suggest you may also be at greater risk of depression, anxiety and substance abuse.

What are you asking?

Muntaner’s research shines the spotlight on the aspects of work that promote health. “Researchers are too focused on describing what’s wrong,” he says. “They should focus more on solutions than on problems.”

It all comes down to the questions that researchers ask, he says. Muntaner suggests they ask questions like: What kind of workplaces do we need to reduce the incidence of heart disease? How do co-operative work situations affect health?

But he doesn’t stop there. Muntaner proposes that people come together to promote the political action required to remedy the inequities in health that arise from difficult employment situations.
Global health in the curriculum
Students have the opportunity to practise in a resource-constrained community

The eagerness of nursing students to reach out and help those around the world initiated an undergrad course in global health. “The students have an overwhelming interest in nursing in resource-constrained areas,” says Freida Chavez, who led the development of the clinical elective. “They were volunteering all over the world, and the faculty found their commitment so inspiring.

“We wanted to support the students by preparing them practically as well as theoretically,” continues Chavez, the director of the Faculty’s International Office. The global health course, introduced in 2006, gives international placements a framework and emphasizes preparing students for the incredibly difficult circumstances they’ll encounter.

Known by its course number, 480, the elective offers undergrads who have completed all of the BScN requirements the chance to practise in resource-constrained areas of northern Manitoba and India. Health Canada covers part of the students’ travel costs to northern Manitoba. In India, the Catholic Hospital Association of India (CHAI) helps organize the student placements with member institutions in remote rural areas. Chavez has established a relationship with the host organization and ensures that an RN assumes the role of preceptor, supervising the students and providing feedback on their practice.

Students aren’t eligible to take 480 until the end of their final year, after they’ve completed all of their clinical courses. Every year, about 12 students head out to international placements.

The power of six

The course starts with six seminars that facilitate an understanding of global health issues, the social determinants of health and providing healthcare services to marginalized communities. “The students go to places where the people have been silenced and oppressed,” explains Chavez. “It’s very important that students know how to respect their context and traditional forms of care.”

By taking 480, the doors of the International Office are swung wide open to the undergraduates. The International Office is where Teresa Moreno-Casbas, a Tom Kierans International Post-Doctoral Fellow from Spain, does her work. Moreno-Casbas is facilitating the translation of Ontario’s best practices for nurses into Spanish, as well as connecting research groups from various Toronto healthcare facilities. It’s also where Laura Hanson, an MN student, studies. Hanson practises at Regent Park Community Health Centre, where many of her clients are recent immigrants. And it’s where graduates and visiting scholars congregate. “The International Office helps bring our students to the world, and the world to our students,” says Chavez.

On their international placements, the 480 students use a reflective journal to analyze the complex health circumstances of the people they meet, not only from a Western medical viewpoint, but from the varied views expressed by their clients and co-workers. On their return, the students come together with the instructors and reflect further on their experiences.

While 480 strengthens the resolve of some students to work internationally, those who decide to practise locally are better prepared to practise in our multicultural country, says Chavez. “Through 480, students develop an enriched understanding of their colleagues and patients right here in Toronto.”

International Nursing PhD Collaboration

Denise Gastaldo had a vision. The U of T associate professor imagined PhD students researching issues relevant to the international nursing community and being supervised by faculty around the globe. She identified the opportunity to bridge well-established PhD programs to those just starting. She saw the chance to share best practices in doctoral education and, at the same time, broaden the Faculty’s scholarly network.

It was 2002, and Gastaldo proposed the idea of an international PhD program to Sioban Nelson, then head of the University of Melbourne’s School of Nursing in Australia. Nelson came on board. Later, Gastaldo won the support of a colleague at Universitat de les Illes Balears in Spain. With faculty on three continents, U of T launched the international nursing PhD program in 2004. Since then, nursing faculties in Mexico, Finland and Brazil have joined the collaboration.

Today, seven U of T students and 18 students in other countries are enrolled. As part of the program, students take an online course and then come together for a two-week summer school in Spain. Gastaldo and colleagues instruct in the requirements of international research programs. Nelson, now dean of the Bloomberg Faculty, leads a seminar on how to publish in international journals.

The international PhD program builds linkages between students and faculty, preparing them to create research programs that cross borders and even continents. “Nurses tend to think locally,” says Gastaldo. “This program prepares them to think and work globally.”
Eye-opening experiences
Meet two recent grads who took the 480 global-health clinical elective last year. Josh Dugard did his six-week practicum in northern Manitoba, while Corey Liston did hers in India. Both came back changed.

**Josh Dugard, BScN 0T9**

Placement: Poplar River First Nations reserve, about a 70-minute plane ride north of Winnipeg.

Why I chose 480: As a future healthcare provider and voting Canadian, I wanted to gain a perspective on reserve life.

Experiences I’ll never forget: Helping a chap dislodge a van that was stuck in the mud. Running on the airstrip for exercise. Being chased by the nomadic dogs. Chatting with the community kids on the daily five-minute evening walk back to the residence; many subjects came up, including sexuality, violence and pets.

How 480 changed my nursing practice: I now feel a strong pull to nursing in the North. I feel that the native peoples living in Northern Canada are forgotten and, as a result, their health needs are neglected. A strong nursing presence in the North is warranted as part of a social justice movement, and I feel behooved to be a part of this movement.

How 480 changed me: The course made me more self-aware. I discovered how difficult it is for me to live in isolation, without the ability to be stimulated by new surroundings. I learned that I am profoundly affected by being away from my loved ones, and how important interacting with them is for my mental health.

**Corey Liston, BScN 0T9**

Placement: In the state of Andhra Pradesh, India, at a rural community health clinic and an HIV/AIDS treatment and hospice centre.

Why I chose 480: I saw the course as a way to observe and learn about healthcare delivery in a resource-constrained country while in the student role. I wanted to be able to make informed choices and judgments about what sort of international situations would be appropriate for me in the future.

An experience I’ll never forget: I had learned only a small amount of the local language of Telugu, but it was enough to allow me to have a short interaction with the wife of a patient at the HIV/AIDS centre. Her husband was very sick and sleeping, and our short conversation prompted her to show me a piece of paper that had his CD4 count on it. It was five.

I felt overwhelmed by how sick the man was. I felt that the woman, by showing me the paper, was telling me her husband was dying. I took her hand, squeezed it and just held it for a moment while making eye contact.

I can’t be sure, but I felt she understood that I was there for her and sorry that this was happening. Being able to make this connection despite the language and cultural barriers between us meant a lot to me. Her husband passed away that afternoon.

How 480 changed my nursing practice: Before 480, I had acknowledged that nursing in a country with constrained resources would, at times, be difficult and frustrating. I knew that change would happen slowly, and that I might frequently feel as though I wasn’t helping at all. The course confirmed that my assumptions were a reality for me and helped me understand how challenging it would be to return to a similar situation in the role of RN. The experience gave me a lot to think about and question before I take a role overseas.

How 480 changed me: Seeing the strength of the people who live in such poverty has made me critical of our Western excesses.
Judith Oulton, the 2010-2010 Frances Bloomberg International Distinguished Visiting Professor
A conversation with
Judith Oulton
The former CEO of the International Council of Nurses shares some provocative—and disturbing—facts on the nursing shortage both here and abroad

Pulse: How large is the nursing shortage?
Oulton: Around the globe, there’s a shortfall of two million nurses. Very few countries don’t have a shortage of nurses.

Pulse: How does Canada’s nursing shortage compare?
Oulton: It’s much less severe than in many resource-constrained countries, for sure. At night in a psychiatric hospital in Lusaka, Zambia, for example, there might be one nurse alone with 125 patients.

Among the Western nations, Canada has been quite aggressive in dealing with its nursing shortage by recruiting foreign-trained nurses. While nurses have the right to migrate, it’s important that Canada has a clear policy of not recruiting nurses from countries that have an even bigger shortage. If Canada is taking nurses from a country with constrained resources, it should move the nurses back after two to five years. But I suspect that offshore recruitment will slow down now, given the economy. Now is the time to plan for more self-sustainment.

Pulse: What factors have contributed to the nursing shortage?
Oulton: Not having enough money to hire is an issue in many, many countries. In some resource-constrained countries, you see nurses go to work day after day when they’re not being paid, when they’re sick themselves. I’m so impressed by their willingness to give.

Not being paid, though, leads to absenteeism. If you’ve got to put food on the table, you’ve got to find another way of earning money. So some nurses may stay away from work to sell fruit or grow vegetables so they can feed their kids.

Many countries have a nursing shortage while having unemployed nurses. In South Africa, there may be 32,000 vacant public-sector posts for nurses and 35,000 unemployed nurses, but a lot of those posts are rural, and the nurses are in the cities. Often, there is nothing in the rural community to accommodate the nurse’s family, so to work you need to be separated from your family.

Nurses also have a huge image problem. Many cultures, particularly those in Southeast Asia, consider nursing a low status profession. In some cultures, family members choose a woman’s career, and they won’t choose nursing. The family may also be concerned about the woman working alone with male patients and male staff. They would consider this inappropriate and may be concerned about the girl’s safety as a nurse.

Pulse: Do some nurses risk their health to practise?
Oulton: Yes, especially with exposure to certain diseases, such as HIV and Ebola. A nurse’s exposure to HIV is so much greater in some countries, and often the hospitals in these countries are poorly resourced. Nurses may not have gloves to protect themselves; they usually don’t have a disposable needle system. The supplies simply aren’t there.

Workplace violence is also a huge issue around the globe. Nurses face violence from patients, from other healthcare workers and from outsiders. In Swaziland, there was a problem of men masquerading as patients and coming to the health centre looking for drugs or money. They threatened and beat up the nurses and then robbed them. The problem gets really severe when there’s only one nurse in the centre and no security.

Pulse: Who are the most vulnerable in a nursing shortage?
Oulton: Of the patients, it’s always the women, children, the aged and the poor. In some cultures, a woman can’t go to a health centre without being accompanied by a male. If a male isn’t available, the woman simply doesn’t get care.

Pulse: What can nurses in Canada do to address the global nursing shortage?
Oulton: We should make sure that we’re looking after ourselves first. We need to increase the number of seats in nursing schools, and we need to make sure we have faculty who are qualified. We need models of care that use nurses to their full potential.

Nurses also need to get involved in advocacy and policy, to articulate our situation. The nursing voice in policy is still very limited, and it doesn’t matter what country you’re in.

Our voice needs to be heard along with the voices of others. Let’s say I go to an international meeting, and a male physician sits beside me. I say something pretty important and it’s ignored because I’m a woman and I’m a nurse. And then the male physician beside me says the same thing and suddenly it’s acknowledged. I need to say, “Chair, Albert could not have made my point better.” We need to draw the attention back in a nice way, not confrontationally, to the fact that we made the point. Nurses need to find their voice.

Pulse: What is the most important thing you’ve learned in your career?
Oulton: Stop, look, listen, speak. We need to take the time to look at the big picture and not just focus on our own situation. We need to keep our ears open to listen to what we can learn from others and from the situation. We need to reflect on what we’re doing and learn from our mistakes, and we need to speak out. Only then can we really move forward.
Opinions

Illustration: phil/i2i Art

HEALTH FOR ALL

leadership
Taking the lead
Alumna Gail Tomblin Murphy believes nurses have what it takes to address global health issues

By Gail Tomblin Murphy, PhD OT5

In an effort to address global health needs and meet the World Health Organization (WHO) Millennium Development Goals, leaders around the globe are working together to strengthen healthcare systems and create human resource capacity. Nurses are key contributors to this healthcare system research, planning, design and delivery. As well, they’re key facilitators for collaborative relationships within and between countries around the world. It should come as no surprise, then, that many of the leaders in global health are nurses.

“Globalization implies an ethical and moral obligation for professional nurses to enter and function in a worldwide community...”

—Madeline Leininger

The past several years have taught me that nurses have the requirements necessary to address global health needs by facilitating international collaborative partnerships. To approach these challenges, you require an open mind and flexibility to understand, appreciate and learn from cultural differences. You need resilience, creativity and resourcefulness to create effective partnerships and exchange knowledge. You also need tenacity, intelligence, conviction and a passion for improving global health outcomes. Nurses have these qualities in spades.

From the beginning of my nursing career, I have worked to build nursing and healthcare knowledge focused on the health needs of people and populations while acknowledging concurrent social, historical, political, cultural and economic complexities that frame healthcare systems. As Madeline Leininger, who founded the field of transcultural nursing in the 1950s, contends, nurses are ethically mandated to use their knowledge and skills to promote global health. Nurses need to create actionable strategies for equitable, socially just global health systems that reflect the health and cultural needs of populations. Such strategies include health research partnerships within and beyond Canada.

Global nursing leaders must believe in and foster the research capacity of others through mentorship and mutual learning. In so doing, they can create successful, sustainable research programs in Canada and in their partner countries. These programs, in turn, can lead to better healthcare.

For me, creating global research connections is crucial to addressing the global-health and health-workforce crises, which include an inequitable distribution of the health workforce and a global deficit of healthcare providers that’s currently estimated at more than four million. Africa, for example, bears 24 per cent of the burden of disease worldwide yet has less than two per cent of the global health workforce. The continent is further challenged by a poorly distributed healthcare workforce, high rates of attrition and an increasing prevalence of disease.

As director of the WHO/Pan American Health Organization (PAHO) Collaborating Centre on Health Workforce Planning and Research, I am privileged to collaborate with key domestic and international stakeholders in health policy, research and practice. The support of Health Canada, WHO, PAHO, Dalhousie University and the Canadian Coalition for Global Health Research has allowed my team to develop partnerships with Brazil, Jamaica and Zambia. These partnerships aim at enabling capacity in human resources for health research, research use, strategic planning, evaluation and knowledge translation.

U of T Professor Linda O’Brien-Pallas and I worked with a team to develop a methodology based on an established needs-based health human resources conceptual framework. The collaborating centre works with its three partner countries to tailor the framework to various governments, socio-economic situations and population health priorities. The emergence of a coherent communications strategy for sharing good-news stories with stakeholders in Jamaica and Brazil as well as here in Canada is one vital area where much growth is taking place. For example, based on its successes, Jamaica is working with other Caribbean countries and the collaborating centre to develop a Centre for Excellence in Health Workforce Planning and Research.

To learn more about the WHO/PAHO Collaborating Centre on Health Workforce Planning and Research, visit whocentre.dal.ca.

Gail Tomblin Murphy, PhD OT5, is a member of the Bloomberg Faculty’s academic staff (status). In addition to being the director of the WHO/PAHO Collaborating Centre, she is a co-investigator with U of T’s Nursing Health Services Research Unit. Tomblin Murphy is also a professor at Dalhousie University in Halifax where she’s cross-appointed to the School of Nursing and the Department of Community Health and Epidemiology in the Faculty of Medicine.
Kudos!
In the past few months, Bloomberg students, staff members and faculty have landed an unprecedented number of awards. Here are just some of their accolades.

- The de Souza Institute, which provides education and mentorship programs for oncology nurses, awarded four Bloomberg grad students with fellowships. In November, it awarded a $20,000 fellowship to Joanne Crawford and to Salin Kim, MN 0T8, to help with their PhD studies. It awarded $10,000 to Rachelle Soogree and to Carla Coverdale, both master’s students. Along with financial support, the fellowship recipients will be able to participate in monthly professional development seminars with nursing leaders.

- Posthumously, Elizabeth “Betty” Burcher received the Award for Excellence in Nursing Education—Non-Tenure. This Canadian Association of Schools of Nursing accolade celebrates Burcher’s stellar career with the City of Toronto’s Teaching Health Unit and the Bloomberg Faculty.
  Burcher, BScN 7T6, MSc 9T2, was a senior lecturer at the Bloomberg Faculty from 2002 to ‘09. Her tremendous rapport with students earned her several teaching awards.
  To further acknowledge Burcher’s contributions to the student body, the Faculty’s Teaching Awards Committee named its Mentoring Award in her honour. The winner of the 2009 Betty Burcher Mentoring Award is doctoral candidate Anne Simmonds.

- U of T acknowledged two Bloomberg staff members for their exemplary work in streamlining and improving the experiences of Faculty of Nursing applicants and new students. Tammy Chan, admissions and programs supervisor, and Kate Young, admissions and enrolment officer, were among the staff whose accomplishments were acknowledged with a U of T Stepping Up Award.

- In September, Dean Siobhan Nelson received one of the highest honours in Canada’s health sciences community. She was inducted into the Canadian Academy of Health Sciences. Nelson was elected a fellow for her leadership, creativity, distinctive competencies and commitment to advance the academic health sciences.

- Maureen Barry, MScN 8T7, a Bloomberg senior lecturer, received the Teaching Innovation Award from the Council of Ontario University Programs in Nursing.

- Sigma Theta Tau International (Lambda Pi-At-Large Chapter) awarded Associate Professor Kathy McGilton, MScN 9T3, PhD 0T1, and Louise Rose, an assistant professor, a Dorothy M. Pringle Award for Excellence in Nursing Research.

- In January, Alice Porter was awarded the Order of Ontario for her 36 years of service in nursing schools in India, where she taught in Hindi. Porter earned a Certificate in Administrative Nursing Services at U of T in 5T2.

In Memoriam
Jeannie G. F. Butler
It is with heartfelt sadness that the Bloomberg Faculty of Nursing reports the passing of one of its greatest friends and volunteers, Jeannie Butler, RN. Her death on December 16, 2009, followed a long illness.

At U of T, Butler helped create the Faculty’s Advisory Committee and spearheaded the Nursing Faculty’s first gala, the Florence Nightingale Gala. She also served as the Faculty’s campaign chair, helping to facilitate a number of student scholarships and large gifts.

Joan Thelma Scott (Usher) Laidlaw
The Faculty of Nursing extends its sincerest sympathies to the family and friends of Joan Thelma Scott (nee Usher) Laidlaw, one of the 15 students in its 4T9 graduating class. Joan died suddenly on November 7, 2009.

More oatmeal, please
In April, Ruth Gallop, BScN 6T5, MScN 8T3, PhD 8T9, a professor emerita of the Faculty of Nursing, spoke at the Bloomberg Faculty with her husband, Rick Gallop, a former president of the Heart and Stroke Foundation of Ontario. The Gallops’s lecture, titled “The Accidental Authors: The G.I. Diet,” described how considering the glycemic index of foods can lead to optimal weight management. The couple also chronicled their personal experiences after the release of their books on the glycemic index. A reception featuring G.I.-friendly foods followed the lecture.
Introducing the 2010 Cressy Award winners!
The Gordon Cressy Student Leadership Awards recognize students who have made outstanding extra-curricular contributions to their Faculty or to the university as a whole. This year, there are five winners from the Bloomberg Faculty of Nursing. These students have made myriad contributions to the Faculty—and beyond.

BScN Class of 1T0
Winttana Debessai volunteers for several community groups, including AronilImage which honours people who make positive contributions within their communities.

Philiz Goh has doubled, if not tripled, student participation in Nursing Undergraduate Society activities. She also worked with the Development and Alumni Office on several student events. Goh’s strategy: make students feel supported and part of a larger community.

Cheryl Silveira served as junior finance representative and then yearbook finance representative for the Nursing Undergraduate Society. Along with other nursing students, Silveira mentors children at St. Felix Centre in downtown Toronto.

Graduate students
Veronique Boccart, a lecturer who recently earned her PhD, serves on the Inter-Professional Education Committee, furthering the exchange of ideas between students from different faculties. As vice-chair of the Committee on Training and Student Mentorship with the National Initiative for Care of the Elderly, Boccart helps develop student mentoring opportunities.

Esther Cho, an MN candidate, mentors new graduate nursing students, helping them connect with the resources they need to succeed. Cho also encourages her mentees to develop problem-solving skills through self-reflection and critical thinking.

A welcome partnership
In February, the Bloomberg Faculty welcomed a senior delegation of Brazilian state and federal ministers and officials and nursing academics. Delegates from the states of Acre and Mato Grosso do Sol in Brazil came to launch the landmark Nursing Leadership and Capacity Building in Primary Health Care partnership as part of a Pan American Health Organization funded initiative—the first of its kind for Brazilian nurses.

“We have much to learn from our Brazilian partners,” says Freida Chavez, the director of the Bloomberg Faculty’s International Office. “They have made great advances in primary healthcare since introducing their Family Health Program in 1994. For their part, they’re excited to work with us on the development of advanced practice roles and pathways to graduate education—something the Faculty has a wealth of experience in.”

This first-of-its-kind partnership in nursing leadership will build an ongoing network to support professional development among primary healthcare nurses; facilitate north-south knowledge translation in nursing practice, research and education; and further bridge the gaps between universities and practice settings.

“The Bloomberg Faculty of Nursing will assist in strengthening nursing leadership by providing practice-relevant and research-based education and training to nurses in primary healthcare settings in Acre and Mato Grosso do Sol,” says Chavez.

Nursing professionals and academics from Canada and Brazil enjoyed a tour and reception in the Bloomberg Faculty’s state-of-the-art Simulation Lab. From left to right: Adriana Maura Masset Tobal, Cinthia Lociks de Araujo, Maria Jose Evangelista, Ana Rita Barbieri, Eloi Fagundes, Freida Chavez, Denise Gastaldo, Beatriz Dobashi (President, Brazilian Council of the State Secretaries of Health), Fernando Cupertino, Kate Dickson, Elizabeth Peter, Dean Sioban Nelson, Luis Sampaio, Laura Hanson, Kim Chow, Clauanra Schilling Mendonca (National Director of Primary Health Care, Brazil)
First in Nursing

Lead practice change. Pioneer new roles.

The Bloomberg Centre for Advanced Studies in Professional Practice (CASPP) hosts a range of exciting and innovative programs for nursing clinicians and educators.

CASPP programs offer access to the Bloomberg Faculty’s outstanding clinicians, world-class researchers and educators through Institutes, such as the ‘Advanced Critical Care Competencies Institute’ led by our outstanding team of clinical leaders and innovators; and Learning Series, such as the ‘Clinical Teaching Series’ conducted by our experts in simulation, clinical education and innovative pedagogy.

Find out more about how the Bloomberg Faculty of Nursing can help you pursue an exciting leadership role and further your career at: bloomberg.nursing.utoronto.ca/CASPP.htm

Learn to lead at the Bloomberg Faculty of Nursing: bloomberg.nursing.utoronto.ca
Go back to school—for the weekend!
Spring Reunion, May 28 to 30, is one of the prettiest times of year to rediscover the U of T campus. The trees will be in blossom, and the ivy will be lush and green. And there's always the possibility of turning a corner and running into a friend you haven’t seen in ages.

On the morning of Saturday, May 29, you are cordially invited to the annual Lawrence S. Bloomberg Faculty of Nursing Spring Reunion celebrations at 155 College Street.

**9:00 a.m.** Complementary buffet breakfast

**10:30 a.m.** Distinguished Alumni Awards presentation

**11:30 a.m.** Tour of the Clinical Simulation Learning Lab. This state-of-the-art facility replicates a ward, intensive care unit and isolation ward. And the patients are computerized! Explore this novel way to learn new clinical skills. New this year: the operating room.

All years are welcome. If you graduated in a year ending in a 0 or 5 (for example, 1980 or 1985), you are an honoured guest. To RSVP, please contact the Alumni Relations Office at 416.946.7097 or development.nursing@utoronto.ca.

**Spring Reunion class events**

**Class of 6To:** On Saturday, May 29, follow the Bloomberg Faculty’s Spring Reunion by joining your classmates to celebrate your class’ 50th anniversary.

**12:00 to 3:00 p.m.** Light refreshments, mingling and reminiscing at the Faculty building, 155 College St.

**5:30 to 6:30 p.m.** Cocktail hour at Bodega Restaurant, 30 Baldwin St. (near the Faculty building)

**6:30 to 8:00 p.m.** Dinner in a private dining room at Bodega Restaurant

For more information, please contact the Alumni Relations Office at 416.946.7097 or development.nursing@utoronto.ca.

**Class of 7To:** On Saturday, June 5, Barbara Peeling will host a catered lunch at her home on Lake Muskoka. All 7To classmates are welcome! For more information, please email Peeling at rjwthomson@hotmail.com.

**Guess who's coming to lunch?**

In February, the Bloomberg Faculty launched a new mentorship program for its BScN students. During the students’ lunch hour, 11 alumni volunteers each hosted a table of BScN students. Each alum, after briefly describing her or his practice, invited the students at the table to ask questions. After 15 minutes a bell rang, and the students rotated to a different table.

As an alumnus, you have the firsthand experience and information that BScN students need. Volunteer to join other alumni in mentoring at a Faculty lunchtime roundtable session. To address any followup questions that students may have, mentors are asked to be available by email for two weeks following the lunchtime session. For more information, contact the Alumni Relations Office at 416.946.7097 or development.nursing@utoronto.ca.

**First International Pain Education Satellite**

The Lawrence S. Bloomberg Faculty of Nursing is hosting the first International Pain Education Symposium Satellite on August 26 and 27, 2010, in conjunction with the International Association for the Study of Pain's 13th World Congress on Pain being held in Montreal. International speakers will present the latest insights into pain education issues worldwide, innovative models for teaching both students and clinicians, and the latest news on International Association for the Study of Pain (IASP) initiatives. For more information, visit bloomberg.nursing.utoronto.ca/PainSymposium.
Events

Are you a Certificate or Diploma in Nursing graduate?

A reunion for Certificate and Diploma graduates is being held on June 16 from 1:00 to 3:00 p.m. For more information, please contact the Alumni Relations Office at 416.946.7097 or development.nursing@utoronto.ca.

Alumni Lifelong Learning Series

Exclusive to U of T Faculty of Nursing alumni, this lunchtime lecture series focuses on women’s health and includes a luncheon. All lectures will be held in the Bloomberg Faculty of Nursing building at 155 College Street. Plan to attend one lecture—or all three!

September 29, 2010 Cindy-Lee Dennis, BScN 9T1, PhD 9T9: Innovative Research in Postpartum Depression

October TBD Kelly Metcalfe, PhD 0T2: Helping High-Risk Women Make Decisions about Breast Cancer Prevention

November 4, 2010 Kathy McGilton, BScN 8T7, MN 9T3, PhD 0T1: Best Rehabilitation Practices for Older Persons who Sustain a Hip Fracture

For more information and to RSVP, please contact the Alumni Relations Office at 416.946.7097 or development.nursing@utoronto.ca.

Dinner with 12 Strangers

Eager to reach out to today’s nursing students? Here’s your chance!

As a Faculty of Nursing alumnus, you’re invited to host a dinner in your home for students, faculty and your fellow alumni. Or, attend a dinner as an alumnus guest. When you sit down to dinner you’re 12 strangers; when you stand up to leave, you’re 12 friends.

The Bloomberg Faculty launched the program last February, and since then four alumni have hosted a dinner. “Dinner with 12 Strangers” emphasizes a social evening bursting with opportunities to engage with other members of the Faculty of Nursing community.

You design the evening. Make it informal and request that no one wear anything fancier than jeans. Or, make the dinner an excuse to dress up. Limit the number of guests to eight, or slip the extra leaf in your dining-room table and invite 12. Bake your legendary lasagna or order in sushi. The evening is whatever you’re comfortable doing.

To host a dinner or be an alumnus guest, please contact the Faculty’s Alumni Relations Office at 416.946.7097 or development.nursing@utoronto.ca.

“When the guests were arriving, one undergrad said, ‘This reminds me of home.’ I knew then that the evening would be a success.”

— Marilyn Lundy, Class of 6T1

Co-host

“As a nursing student, listening to the stories of alumni accomplishments and the paths they carved throughout their careers was insightful and motivating.”

— Reva Mohan, Class of 1T1

Student guest

“By giving students the opportunity to speak with experienced nurses in the community, Dinner with 12 Strangers helps them see what’s possible on their nursing path.”

— Ashley Spiegel, Class of 1T1

Student guest

“Before going to the dinner, I was guilty of thinking of ‘old school’ nurses as being antithetical to innovative. How ridiculous and naïve of me. The event introduced me to two alumni who had basically developed palliative care in Canada. It was eye-opening!”

— Alex Teleki, Class of 1T0

Student guest

In the next issue

It’s our birthday! U of T’s Faculty of Nursing turns 90 this year, and to celebrate our distinguished history we’re planning a special issue of Pulse. In the Fall/Winter 2010 edition, you’ll meet the many individuals who helped shape the Faculty that launched your career.

Do you know a notable alumnus or have a story to tell of your own? Please email pulse.magazine@utoronto.ca or phone 416.946.7097.
Kathleen Russell, who founded U of T’s nursing program in 1920 and served as its director until 1952, was convinced that nursing could play an important role in improving the health of people around the world. Russell envisioned nurses not just at the bedside in hospitals, but visiting new mothers in their homes to reduce infant mortality and educating the public on how to prevent the transmission of disease. She saw nurses as leaders in healthcare.

In the 1920s, the Rockefeller Foundation in the U.S. launched a fellowship program to produce nurse leaders in education, administration and public health. A key component of the program was supporting nurses from around the world so they could come to Canada and the States to further their nursing education.

Under this program, the Faculty of Nursing (then the Department of Public Health Nursing and later the School of Nursing) welcomed students from China, Korea, Japan, India, as well as multiple countries in South America and Europe. U of T’s nursing program earned the title of Lighthouse School because it illuminated the way for public health around the globe.

In 1949, Kathleen Russell (third from right), director of U of T’s School of Nursing, poses with international students.
BLOOMBERG FACULTY OF NURSING

1920
90 YEARS
2010

Celebrating the first 90 years of innovation in nursing.

For 90 years, Nursing at the University of Toronto has led the profession with its innovations in education, research and practice.

To commemorate this milestone, the Bloomberg Faculty of Nursing is announcing 90 awards in a special 90th anniversary edition of Pulse magazine.

Do you know a fellow alumnus who deserves recognition? Please share your reasons why, along with stories, ideas and photographs at development.nursing@utoronto.ca

Bloomberg Nursing, 155 College Street, Suite 130
Toronto, ON M5T 1P8 or 416-946-7097
Honouring those donors who are investing in our next 90 years.

The 90th Anniversary Kathleen Russell Heritage Society recognizes gifts of $1,920 or more made over a two-year period. As an annual donor at this level, you automatically become a heritage society member.

Legacy Leader is the designation you’ll receive if you make an annual gift for 10 consecutive years or more.

All annual donors to the Bloomberg Faculty of Nursing enjoy the privilege of leadership support, including recognition in our donor listings and opportunities to meet with the dean.

To make a gift today, please contact us at development.nursing@utoronto.ca or 416-946-7097.