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COMMUNIQUÉ

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LETTER FROM…

Welcome to the spring issue of Communiqué

In the spirit of the University of Victoria's IDEA FEST where new ideas are celebrated, the Research and Scholarship Committee would like to devote this issue of Communiqué to celebrate the research contributions and ideas of our own undergraduate and graduate nursing students. In this issue, a small sample of student work will be exhibited and student achievements will be acclaimed. The Committee is excited to offer readers this issue as a patronage to the diligence and commitment that students show on a daily basis in their work.

2011 Distributed PhD cohort. From left: Mindy Swamy, Lori Rietze, Sue Kurucz and Angie Lee

For many students, spring is a time for taking stock of one's work and making plans for the next academic year. I once heard someone say that "every flower of every tomorrow is in the seeds of today." As the Graduate Student Representative of the Research and Scholarship Committee, I hope that this spring carries a new refreshing wave of excitement to our student work as we all progress toward becoming stewards of the nursing profession.

When I write, I often catch myself structuring an argument or making a statement in the same way that one of my educators has taught me to do so in the past. I anticipate that those who read this will recognize the perspectives and the orientations that situate our student work as an imprint of how the University of Victoria's School of Nursing has become woven into who we are as developing scholars. Overall, I hope that in reading the submissions of this issue, each of our educators will be smiling, proud of the generation to come.

Best wishes,

Lori Rietze
Graduate Student Representative
Research and Scholarship Committee
School of Nursing
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FROM THE REAR-VIEW MIRROR

by Lori Rietze and Angie Lim, Doctoral Students

As four students from the first cohort of distributed PhD nursing students at the University of Victoria, we submitted a manuscript that has been accepted for publication by the Canadian Journal of Higher Education, whereby we share our experiences to date. In this paper, we begin by capturing what some may call an educational crisis in nursing, where increased retirements are disproportionate with the number of PhD graduates entering academia. Currently, most nursing PhD programs in Canada require full-time onsite residency. As such, we advocate that a mix of distance and residency periods (known by some as distributive delivery) offers unique opportunities for PhD nursing education to geographically distant registered nurses. In this paper, we share our perception of the benefits and challenges inherent in our experience of distributive delivery. Identified benefits are increased flexibility and accessibility to a diverse cohort of students, continuance of one's nursing employment, heightened accessibility to national and international nursing faculty as well as researchers using online interfaces, and enhancing one's personal capacity related to distance education and the use of online modalities. We also identify challenges that we have encountered in our experience with distributive delivery. Some of our challenges include identifying a supervisor, establishing and maintaining a relationship with one's supervisor, increased technological dependency in learning, an over-reliance on text and presentations as a basis for learning, limited free-flowing discussion, funding limitations, and inadequate opportunities for networking with faculty and other students. We feel that future research may focus on how graduate students can be best supported while studying at a distance.

Acknowledgement: We acknowledge Sue Kurucz and Mindy Swamy who co-authored the manuscript upon which this summary is based.

INQUIRY: A MOST VALUABLE MODEL

by Scott Beck, 4th year BSN Student

As I reflect broadly upon my undergraduate career, it is easy to remember the milestones: the first time that I gave an injection, the first time that I saw new life come into the world, or the first time that I struggled to find the right words as I held a grieving family member. Yet it is more difficult to express the unique synergy of theory, research, and practice opportunities that have made those experiences possible. Indeed, I cannot begin to describe my experience of education and socialization into the role of the registered nurse without offering an appreciation for the practice of critical inquiry.

In the context of nursing, critical inquiry is a rigorous process of examining assumptions, knowledge, and questions with the goal of gaining or creating new information and new perspectives.[1] With this definition in mind, I find it perplexing that many nurses consider theory and inquiry as abstract bodies of knowledge that are distinct from the practice of nursing.[2]

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1 Jennings, L. & Potter Smith, C. (2002). Examining the role of critical inquiry for transformative practices: Two joint case studies of multicultural teacher education. Teachers College Record, 104(3), 456.

2 Hartrick Doane, G. & Varcoe, C. (2005). Family nursing as relational inquiry: Developing health promoting practice. Philadelphia: Lippincott Williams & Wilkins.

Over the past four years, I have learned that no practice is atheoretical; every time that I carefully complete a clinical assessment, consider sources from the body of nursing literature, or learn about research through my work with the Jamie Cassels Undergraduate Research Award, I am engaging in a process of inquiry.

Acknowledging this gives me appreciation not only for my progression as a learner and a knower, but also for the breadth of the practice of registered nurses.

Registered nurses practice as clinicians, researchers, administrators, and educators. My lived experiences have taught me that when undergraduate students are not exposed to nursing as a profession in all of its richness, we do a disservice not only to ourselves intra-professionally, but also to the public - the nursing profession's key stakeholder. For when we celebrate the very interaction of theory, practice, and inquiry that makes nursing so invaluable, those we serve directly benefit from a way of being that is greater than the sum of their separate effects. As my undergraduate chapter comes to a close and I transition towards the autonomous practice of a registered nurse, I will endeavor to hold onto this most valuable lesson.

REFLECTIONS ON THE MN PROGRAM

by Clare Konning, MN Student

Growing up, my mother taught me to question everything -- never to take anything for granted. Although this probably caused challenges for those without answers, it resulted in rich learning experiences, significant curiosity, and countless opportunities for me. Today, I continue to question, however, through the MN program, I have learnt to explore new ways of finding answers. With two months left in my degree, I find myself reflecting on the last 18 months, what questions I asked, how I have grown as a nurse, and how I found the answers.

I compare the official acceptance letter that one receives when accepted to a graduate program to the feeling of buyer's remorse after a big purchase. There is a certain sense of shock and horror of what lies ahead. Pressure weighs heavy in the air at the thought of the amount of work, the level of commitment, and effort required to push yourself to achieve the goals that seem too distant away. During the program, I continued to carry these feelings with me, riding the waves between stress and accomplishment, while working towards my goals with the help of the inspiring leaders who continue to teach me. Learning through graduate education is about having influence, gaining a greater understanding, and viewing nursing with a different lens – one that opens your mind to explore possibilities that were once out of our reach.

The MN program has put things into perspective for me. Not only has it required me to delve deeper into my philosophical beliefs, values, and practice in nursing, but it has also equipped me with skills and knowledge to influence change. I am not the nurse I was when I started the MN program; I have grown as a leader, a researcher, a philosopher, and a student. Strangely, the more I learn, the less I feel I know. My hunger for knowledge will not end after this program is complete; the inspiring academic experts who have guided me thus far have further fuelled my motivation to ask questions, and have helped me find the answers.

THE FOOD LITERACY PROJECT

by Rosanna Sheppard, 4th Year BSN Student

Rosanna Sheppard & Aaren Topley at the PHABC Conference where they presented their work on the Food Literacy Project, November 2013

My name is Rosanna Sheppard, I am a fourth year Nursing student and recipient of a 2013 Jamie Cassel Undergrad Research Award. This award is designed to provide support for undergraduate students to participate and engage in a direct research experience. For my research, I am working on the Food Literacy Project. As both a student nurse and a researcher, its important to understand what new and emerging ideas are happening in the world of research. As the local food movement burst onto the scene and the word "local" becomes a catch term, it is important to develop an understanding of what this means in terms of food literacy.

The Food Literacy Project is a community based research project focused on building and promoting food literacy by increasing community food security and health practices. The investigators are Linda Geggie, Trevor Hancock, Wanda Martin, Joan Wharf-Higgins, and Maeve Lyndon.

What is Food Literacy?

Food Literacy is complex. As this idea or concept is very much in its infancy, there is still a lot to explore and discover. Food literacy exists on individual, community, national and global scales much like our food industry. There is much to gain by becoming food literate, yet there are many barriers in place to hinder an individual in the achievement of gaining food literacy. Food literacy is based on a cyclical continuum. A person's place along this continuum is based on the individual and their surrounding environment. The conceptualization of food literacy is diverse due to the complexities in our food system involving production, processing, and distribution, along with the social and environmental components. Food literacy encompasses the capacity, opportunity, and ability to obtain, understand, and use knowledge and nutritional information to select and prepare food to make appropriate nutritional decisions that lead to health enhancement. Food literacy is the ability to question the food system's quality and safety to person, family, community, nation, and the environment. It creates a positive relationship with food which crosses culture and environment to empower and create food secure individuals, households, communities, and nations. In the end, food literacy is achievable if we are exposed to the right environment and programs.

The project involves both academic and community analysis of food literacy activities through participant centred engagement. An evaluation process will help determine the efficacy of the approaches in building food literacy and greater health equity. Success factors will include building knowledge, skills, and resources that support positive behaviour change to increase individual and community's social determinants of health.

This generation of nurses has an opportunity to work within health care to increase the uptake of research by practitioners. Community-based participatory action research is a valuable approach to applied research that may resonate with many nurses and other health care providers, potentially increasing the participation in research and the adoption of emerging research findings.

NURSING ABOARD: THE STORY OF A BSN GRAD SERVING ON A MERCY SHIP

by Jeannine Moreau

Lewanna Unger, 2012 UVic BSN/BA (anthropology) graduate is an amazing incredibly generous young woman who upon RN licensure plunged into volunteer work extraordinaire with Mercy Ships, working with some of the world's poorest poor. Here are excerpts of her e-notes about this liminal experience comprised of familiarity with sickness and suffering yet strange and different in context/culture. Her story is relayed by Jeannine Moreau, Assistant Teaching Professor, UVic School of Nursing (Lewanna's final year practicum teacher).

September 13th, 2013: I arrived at Mercy Ships International Operating Centre in Texas for six weeks orientation and training with 20 others until mid- October. We are from seven different countries with various roles: carpentry, IT, reception, supply co-ordination and nursing. We did team building and learned new skills, e.g., a one-week Coast Guard basic safety course, including fire fighting exercises and pool exercises in immersion suits, and flipping a life raft and planning for our initial Congo project. Here we are in color!

October 25th, 2013: We arrived in Pointe Noire, Congo on the Africa Mercy Ship. To adjust to the Congo we worked in a rural orphanage (20 children ages 2 to 18) and with the local community; building bunk beds, installing gutter systems to collect water for garden use and washing up, painting murals in rooms, playing/working with the kids.

Mercy Ships: the world's leading non-governmental ship-based medical organization operating since 1978 serving in 70+ seaport areas around the world providing "primary medical care, relief aid and community support to the most impoverished people on earth, free of charge." [1]

The Africa Mercy, renovated from a rail ferry in 2007, has six operating theatres and a 78-bed ward, the world's largest charity hospital ship.[2]

1 http://www.mercyships.ca/who-we-are/who-we-are.html

2 http://www.mercyships.ca/the-fleet/africa-mercy.html

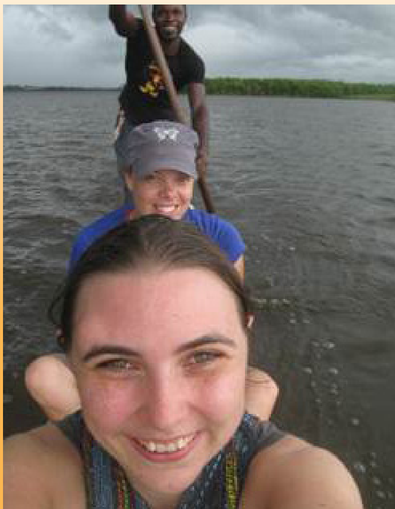
November 8th, 2013 to end of August 2014: Ten months on the Africa Mercy ship. There are about 450 crew members including hospital staff but numbers change daily as volunteer commitments begin/end.
I work in a large tent on the dock next to the ship and serve primarily as an Outpatient nurse, following up on wound care, doing assessments and blood-work, connecting with individuals/families, ensuring appropriate referrals/supports are in place before and after patients return to their community; I also work in surgical or pediatric surgical wards depending on staffing levels. Major surgeries offered include cleft palate repair, orthopedics (including club foot repair), plastics (mainly maxillary/facial, tumor removal and burn revision), and fistula repairs.

There are 4-5 nurses and four wonderful Congolese interpreters working in the tent (the official language is French and there are three local languages). Mainly my job is wound dressings for patients following discharge after surgery. It's wonderful to see patients improve with each visit and to see many with previous deformities or handicaps discover new abilities and beauty. Most patients had cleft palate or lip repair, or plastic surgery (e.g., tumour removals and revision of burn contractures); from infants to seniors, I provide healthcare across the lifespan. January, a rainy season, brought challenges with patient/staff transportation and health issues. There was more malaria as the mosquitoes increased. Below is a picture of me working in the clinic.

Since January our visiting plastic surgeon has been doing mostly the contracture release and skin grafts, and we actually have a maxillary facial surgeon on staff who is working with a local surgeon for a lot of the tumours. It's nice to get to know patients a bit better as I am here longer, and spend more time with them - but strange to realize I left home more than four months ago.

On weekends I explore around with shipmates – e.g., on pirogues (Congolese canoes) on a local lake, off to Dolosi, a north country town, a hike to a smaller village to a waterfall, tried local cuisine, including boa constrictor and Sibissi, a small animal that lives in the jungle.

Lewanna's musings about working on a Mercy Ship mission: As a first impression I think that there are things my nursing education prepared me for such as basic theory and knowledge with critical thinking skills. But things like power outages, lack of supplies and certain types of supports, tropical conditions, and the effects on wound care have to be learned on the job. I am really enjoying this nursing, being able to provide healthcare for people who don't usually have the option. Some of the transformations are amazing, physically and otherwise, i.e., to see people who had major defects repaired or tumours removed go back and be accepted in their communities, often for the first time in their lives.



READING PHILOSOPHY OF NURSING: 5 QUESTIONS: O. PETROVSKAYA IN CONVERSATION WITH DR. M. E. PURKIS

by Olga Petrovskaya

The end of the year 2013 saw a publication of a book, Philosophy of Nursing: 5 Questions,[1] that will be the reference point for many nurses in academia and beyond who are interested in nursing philosophy. In my view, this book opens a new page in the history of ideas in nursing as a field of practice, both clinical and academic, which requires an inquisitive mind and a skill of critical reflection. The editors, A. Forss (Karolinska Institute, Sweden), C. Ceci (University of Alberta, Canada), and J. S. Drummond (University of Dundee, UK), have selected 24 authors representing eight countries —nurses, philosophers, and social scientists—known for their contributions to the diverse field of nursing philosophy. One of the authors is my dissertation supervisor, Dr. Mary Ellen Purkis .[2]

Like each of the contributors, Dr. Purkis was invited to answer five questions: How were you initially drawn to philosophical issues regarding nursing? What, in your view, are the most interesting, important, or pressing problems in contemporary philosophy of nursing? What, if any, practical and/or socio-political obligations follow from studying nursing from a philosophical perspective? In what ways does your work seek to contribute to philosophy of nursing? Where do you see the field of philosophy of nursing to be headed, including the prospects for progress regarding the issues you take to be most important?

For my dissertation research, I study aspects of philosophy of nursing, or, more accurately, aspects of philosophy in nursing – the influences of Continental thought on nursing scholarship. No surprise, I was among a group of eager and early readers of this book. Below, I dialogue with Dr. Purkis about some of her ideas in the chapter. In the near future, we intend to develop this conversation and possibly seek to publish it.

OP: Mary Ellen, in the chapter you begin by recounting a story of your undergraduate education in the 1980s and the role that the Roy's adaptation model (that guided your nursing school's curriculum) played in that process. You note with appreciation the ability of this model to organize thinking and actions of a novice—and hence often anxious—nurse. Later, with a growing clinical and teaching experience you felt less need to return to this model and more desire to "look forward" [3] to other approaches to make sense of nursing practice (such as philosophical inquiry, social scientific research in the vein of Giddens, and Foucault-inspired theorizing). Despite this discovery—most notably during your doctoral studies—of such intellectual tools from outside of the North American "nursing theory movement" [4], you clearly do not want to forget the "nursing theory" period of nursing history. On the contrary—and I think this is a quite remarkable point—you regret the virtual absence, in the body of nursing scholarship, of the "effective…bridge" [5] between the ideas of the nursing theorists of the 1950s-1980s and a more recent corpus of publications (e.g., in Nursing Philosophy,

Nursing Inquiry). You observe that this corpus often implicitly positions itself as a counter-movement to the

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1 Forss A., Ceci C., & Drummond J. S. (Eds.) (2013). Philosophy of Nursing: 5 Questions. Automatic Press/VIP.

2 Purkis M. E. (2013). Chapter 16: Mary Ellen Purkis. In Philosophy of Nursing: 5 Questions (Eds. A. Forss, C. Ceci, & J. S. Drummond), 157-167.

3 Ibid, 159

4 Ibid, 159

5 Ibid, 159-160, italics in original

“nursing theory” phenomenon without, however, explicitly articulating this relation. I think you find this trend problematic, and I agree with you. I came to view quality scholarship and a strong disciplinary tradition as an engagement with disciplinary ideas: not a romanticized preservation though as some would insist, but rather a critical re-reading. Like Sioban Nelson’s Care of the Sick[6] , like John Paley’s “Caring as a Slave Morality,”[7] like Margarete Sandelowski’s Devices and Desires[8] —all different in style, tone, and focus—but superb examples of such critical engagement with the history of nursing’s material and discursive practices. On the other hand, there is a view that a currently-waning appreciation for our disciplinary, nursing theory tradition might be restored if nurses who use theoretical tools from the humanities and the social sciences start writing new nursing theories in the image of the “extant theories.” What is your perspective on this issue? How exactly do you envision the “effective bridge”? Can you provide examples of scholars who, in your view, are successful builders of such bridges?

ME: I like the possibilities that you propose here Olga. Where an explicit engagement with nursing’s traditional theories has taken place, it has tended to be quite critical of those writings perhaps mostly so as exemplars of philosophical writing or their alignment with logical forms. I find these critical efforts initially interesting, as they illustrate places in the theorizing of nursing where the logic breaks down. Ultimately, I find myself disappointed, because they rarely, if ever, go all the way to the ground – or perhaps the “frontline” – to explore relationships between theoretical precepts and practice.

More often, however, my frustration and therefore my interest in a “bridge” is that nurses – and others – who write about nursing practice are silent on the theoretical traditions that have historically framed the discipline of nursing, for example, behavioural psychology and the biological sciences. But of course, while their words may be silent on theory (that is, they either deny any affiliation with the nursing theory movement or avoid mention of theory at all), their writing is entirely theoretical. And this is why the bridge, in my view, is so essential. Unless the influences of theoretical perspective are made explicit in our writing, we can never effectively set aside problematic theoretical positions in favour of positions that are more favourable to the improvement of practice. Of course this self-critique is an exhausting practice – but without it, we risk believing and acting as though we can transcend history, imagining we and our actions are not entirely historical. As for exemplars of such an approach, I think that your reference to Nelson’s work above is one such exemplar; Trudy Rudge’s work on wounds and Sarah Flogen’s work on stroke prevention care are other examples. These are, relatively speaking, small studies of practice – but they demonstrate a consciousness of nursing’s history of ideas and their impact on practice that I think represent the beginnings of bridge building.

OP: Thinking about the first part of your response, Mary Ellen, let me probe further. You refer to some criticisms of nursing traditional theories as being initially interesting but failing in the end, due to their obsession with the accuracy of philosophical language and “alignment with logical forms” rather than a concern about the frontline nursing practice. I think that certain critiques, most notably Paley’s thorough examinations of methodological problems of nursing phenomenology and Mark Risjord’s demonstration of a? pervasive but unacknowledged influence of logical positivism on disciplinary nursing knowledge, actually do “go all the way to the ground.”[9] These analyses reach the practice ground, but the practice targeted in this case is academic: knowledge development, research, and publication. And it seems crucial to have, among other scholars, those whose strength is in pointing out the “logic break-downs” in our practice of research and writing, in order to improve it. Can we see it this way?

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6 Nelson S. (2000). A Genealogy of Care of the Sick: Nursing, Holism and Pious Practice. UK: Nursing Praxis International.

7 Paley J. (2002). Caring as a slave morality: Nietzschean themes in nursing ethics. Journal of Advanced Nursing 40(1): 25-35.

8 Sandelowski M. (2000). Devices and Desires: Gender, Technology, and American Nursing. UNC Press Books.

9 J. Paley, M. Risjord, and T. Rudge have each contributed chapters to the Nursing Philosophy: 5 Questions.

ME: Yes, clearly we must develop our adeptness at both reading and writing for and about nursing in ways that both explicate the theoretical traditions informing our thinking and then writing in ways that seek coherence within those traditions. But I still feel there is a large piece of this field that is about conceptualizing clinical practice itself that remains as a foundation – even all these 50 or 60 years after those early pioneers began the work of theorizing nursing.

OP: Thank you, Mary Ellen, for this conversation.

POOR LITLE BUG ON THE WALL: THE LEARNING ACTIVITY

by Coby Tschanz

Poor little bug on the wall.
No-one to love her at all.
No-one to blow his nose.
No-one to tickle her toes.
Poor little bug on the wall!

Have you ever wondered what happens in the classrooms of your colleagues? An inspiring conversation with two colleagues—Dr. Gweneth Doane and Dr. Deborah Thoun—has me thinking about the in-class world of teaching-learning. Indeed, I began to wonder what you'd think about one of my most favorite learning activities (LA), which I designed to focus studies on teaching-learning. I thought you might be interested to read about it, and make recommendations for developing the activity.

So, here goes:

Ends-in-View

In this LA, students have an opportunity to:

- articulate and explore beliefs about teaching-learning;
- draw on principles or processes of teaching-learning to analyze a learning activity;
- discuss implications of their learning for nursing education in class and clinical settings; and
- be a bit goofy in class!

In preparation for class I refine the LA according to student learning levels and class and course ends-in-view.

In Class

After reviewing our ends-in-view in class, I explain that we will engage in a fun activity as an example of teaching-learning. Specifically, we'll learn a children's song, after which we'll share discussion about teaching-learning: beliefs, assumptions, principles, models, and so on.

To begin, I tell a story about the time I was accused of waking a man from a coma with my (less than stellar) singing. The story takes place in an auxiliary hospital where I worked as a nursing assistant. I was assisting residents of a 4-bed room complete ADLs. 2 men—Hal and Dave—were already up and in the dinning room having breakfast. The third man, Sid, was in bed—I was told he had been in a coma for the last 2 days. I'd bathe him later. Hank was at the sink, brushing his dentures with my help. For some reason, I was singing. Hank seemed to enjoy the singing, or perhaps he was an unfortunate captive audience. Suddenly, from across the room Sid yelled: "Whose that?! Whose singing over there?!" His voice was very rusty. I was startled, of course, but said, "It's Coby. Uhm. I'm your nursing assistant today." And then, defensively, "I sing in a church choir, you know!" There was a pause, and Sid snarled: "No wonder nobody goes to church anymore!" Yikes. True story.

After the students finish laughing at, er, with me, we begin our own efforts at song. I invite everyone to participate in whatever way they want—as songsters, observers, spoken-word artists, lip-syncers, or via sign language or actions. I tell them we're going to learn "Poor Little Bug on the Wall," and that it's a good song that will come in handy in all sorts of situations: paediatric nursing, parenting, babysitting, campfire singing. First we recite the words I've posted on the wall, then they hear the tune (of sorts) from me, then we have a sing-a-long, then we add actions to suit the 4-line song: wringing of hands, sad eyes, etc. etc. Once we have the words and semblance of the tune memorized, we turn our backs to the wall, and try it again. Then we add a twist. Maybe the bug has flown into a closed window and is flattened! We then sing with a hand smashed against our lips. We ad-lib a few more scenarios.

At some points in the activity participants might feel a bit bewildered. Some students spend the whole time giggling. Others roll their eyes, but are game. Others enjoy being the parents or camp leaders they are outside of class. After singing, comes the time for us to ask: "What just happened?" We discuss what was effective, not effective, enjoyable, not enjoyable, and why. We are likely to discuss how vulnerability, authenticity, confidence, learning styles, and other influences and experiences are lived in class. We draw on strategies, principles, concepts, and processes of teaching learning in our analysis. We discuss how what happens in class is relevant or not in clinical situations. We may also discuss our hopes and concerns for continuing studies in our class.

On Campus

It occurs to me that the question of "What just happened (in that classroom)?" might yield some surprising accounts, as told by students and educators throughout the SON and HSD. Perhaps we will be able to read about the diverse plans and hopes of educators and students for in class activities in future editions of the Communiqué. (And, if you have thoughts about how I can refine the above LA, please email me at cobyt@uvic.ca.)

AN EXPERIENCE IN CONSOLIDATED PRACTICE

by Heather McCue, 4th year Nursing student, UVic

Caring for a patient during a recent night shift during a consolidated practice experience proved to be both trying yet valuable for learning. My experience served as a reminder of the importance of truly being patient--centered, not just as a theory to subscribe to when drafting a clinical learning plan but when the reality of a moment is messy and challenging.

I was caring for a sweet man diagnosed with a life--limiting illness but who was not considered actively dying. During the course of our night together, he had been polite and gracious during our many interactions, but he was also finding it hard to settle. No matter what pharmaceutical or alternative comfort was provided, he remained restless and ill at ease. With each call bell, I took a deep breath before entering his room so I could arrive at his bedside in kindness, willing to hear and address his needs.

By end of shift, I was exhausted. My dear patient who slept very little throughout the long night was now up for the day, asking for the daily newspaper and a small bite to eat. It was such a simple request but one that caused me an unusual degree of irritation. I felt frustration at myself. Had I done a poor job attending to him? Or, had he simply spent a restless night, with me honouring his many requests? I felt impatience as I tried to complete my shift end while still fielding his requests. And now he wanted a newspaper and yogurt? My patience was worn thin and I longed to go home but my last act before leaving the unit that morning was to provide the two things he wanted in that moment.

I learned later that this man, this sweet, unsettled, man, died less than two hours after shift change that day. His death defied any PPS scale and simply followed its natural, albeit unexpected, course. I had, then, cared for him during the last night of his life. Had I allowed my impatience or frustration to influence my practice, his last few human interactions could have been negative. I cringe at the thought that any life could end on such a tone. Thankfully, when my empathy started to wane, I was able to rely on the patient--centered principles that had been taught each class of each year of nursing school. When my body was weak, because of my education, I was still able to translate "patient centered care into practice and understand its importance in daily caregiving (giving) purpose to the learning experience" (Hinds, 2013, p. 11)[1].

While I felt that some nursing theory and principles were redundant at times, as I near the end of fourth year, I can see how those same topics, through repetition and reflection, are instrumental in helping me remain true to my nursing care values, even when challenged. This makes a difference to how I feel about my nursing care but more importantly, to those I provide care for. Thank you for the reminder, my friend. Rest well.

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1 Hinds, L. (2013). Patient--centered care: A nursing priority. The Journal of Continuing Education in Nursing, 44(1), 10--11.

WHY NURSES SHOULD ENDORSE SUPERVISED INJECTION SITES: A PAPER

by Vija Brazus, 4th year nursing student, UVic

Photos courtesy of InSite

Although the federal government and some Canadians may object to supervised injection sites (SISs) because they feel the sites enable addicts, deter money from detox beds, or invite dangerous behavior; this representation is inaccurate and does not account for the association between SISs and improved outcomes for communities. SISs provide an alternative venue to public areas where drug use is already taking place, which in turn increases health and safety. The benefits of SISs are many. For example, SISs are tied to prevention of overdose related deaths (Marshall, Milloy, Wood, Montaner, & Kerr, 2011: Milloy, Kerr, Tyndall, Montaner, & Wood, 2008)[1],[2] less risk of HIV transmission (Milloy & Wood, 2009) and higher likelihood that drug users will enter detox (Wood et al., 2006)[3].

The 2011 Supreme Court order preventing the federal government from impeding the operation of Vancouver's Insite, the only legally sanctioned SIS in North America, will undoubtedly assist other cities in moving forward with SISs (Makin, Dhillon, & Peritz, 2011, para 28)[4], bringing the SIS debate closer to home for many Canadians. This ruling for Insite may cause supporters of SISs to rejoice, but Insite's struggles can also deepen our understanding of the SIS controversy.

Helping or Hindering?

A frequently recurring argument is that SISs send a message of approval around drug use, and enable people to keep using. In the absence of a safer environment, drug users inject in alleyways where surfaces are often contaminated with urine, and puddle water may be the only available diluent for injected substances (Rhodes, et al., 2006)[5].

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1 Marshall, B.D.L., Milloy, M.J., Wood, E., Montaner, J.S.G., Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study. Lancet. Published online April 18, 2011. DOI: 10.1016/S0140-6736(10)62353-7.

2 Milloy, M.J., Kerr, T., Tyndall, M., Montaner, J., & Wood, E. (2008). Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. PLoS ONE, 3(10), e3351.

3 Wood, E., Tyndall, M.W., Zhang, R., Stoltz, J., Lai, C., Montaner, J.S.G., & Kerr T. (2006). Attendance at supervised injecting facilities and use of detoxification services. New England Journal of Medicine, 354(23), 2512-2514.

4 Makin, K., Dhillon, S., & Peritz, I. (2011, September 30). Supreme court ruling opens doors to drug injection clinics across Canada. The Globe and Mail. Retrieved from http://www.theglobeandmail.com/news/british-columbia/supreme-court-ruling-opens-doors-to-drug-injection-clinics-across-canada/article4182250/

5 Rhodes, T., Kimber, J., Small, W., Fitzgerald, J., Kerr, T., Hickman, M., & Holloway, G. (2006). Public injecting and the need for 'safer environment interventions' in the reduction of drug-related harm. Addiction, 101, 1384-1393.

As described on the AIDS Network Kootenay Outreach and Support Society (ANKORS) website, “many people who use drugs are being pushed into the very shadows of our beautiful region. In effect, this puts people at serious risk of overdosing, contracting illness such as Hep C and HIV/AIDS, which in turn puts everyone at risk” (ANKORS, 2013)[6].

Good Money Sense

Another popular view is that money used to run SISs should instead be allocated to abstinence based initiatives such as detox programs. When I imagine addicted people who have brought themselves to the courageous point of quitting, but still use drugs for lack of a safe place to detox and begin a healing journey, I am also compelled to support detox bed funding. But, do we have to choose one or the other? SISs save health-care dollars through prevention and early detection of health problems (BC Ministry of Health, 2005)[7], which could potentially assist in funding detox programs. Beirness, Jesseman, Notarandrea, and Perron (2008)[8] emphasize that prevention, easy access to treatment, and reduction of negative social and health impacts are approaches that should be combined to most effectively address injection drug use. In 2012, Insite facilitated over 400 detox referrals and made 4,564 referrals to other health and social services (Insite, 2013)[9], indicating that SISs are a critical entry point for detox and treatment. Services such as detox and SISs function interdependently and therefore each deserves adequate funding.

Relating to Vulnerable People

If nurses are to truly engage in relationships with people, we must meet people on their current path. Working from a power-with standpoint allows for self-determination in an addicted person, which is needed to achieve abstinence in treatment and eventual recovery. Despite concerns to the contrary, SISs do not undermine the idea of decreasing drug use in communities Instead, SISs lessen public health risks, help lower health care costs, and provide a compassionate link to services that help people overcome addiction. SISs bring nurses and drug users together, facilitating a positive health impact during the most dangerous phase of addiction. The true danger lies in ignoring the realities of injection drug use. I urge nurses to be leaders in supporting public health and safety as SIS proposals continue to be revealed across the country.

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6 AIDS Network Kootenay Outreach and Support Society [ANKORS]. (2013). Intravenous drug use a major issue. Retrieved from http://www.ankors.bc.ca/needle.php

7 British Columbia Ministry of Health. (2005). Harm Reduction: A British Columbia community guide. Retrieved from www.health.gov.bc.ca/prevent/pdf/hrcommunityguide.pdf

8 Beirness, D. J., Jesseman, R., Notarandrea, R., & Perron, M. (2008). Harm reduction: What’s in a name?. Canadian Centre on Substance Abuse. Retrieved from http://www.ccsa.ca/Eng/Search/Pages/results.aspx?k=What%27s%20in%20a%20name

9 Insite. (2013). User statistics. Retrieved from http://supervisedinjection.vch.ca/research/supporting_research/

FOOD GONE FOUL

by Dr. Wanda Martin, Recent Doctoral Graduate

My recently completed dissertation focused on exploration of tensions between two public health programs, and provided insight to public health renewal processes to enhance food accessibility and safety. Through this research I examined how professionals and civil society members engaged in food security activities that included food safety precautions and how they work out different perspectives to support a safe and accessible food system.

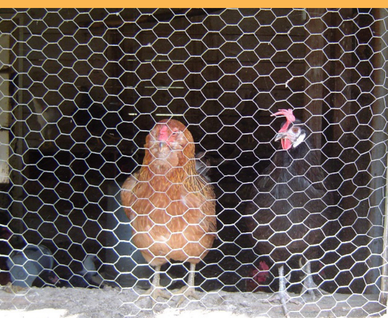
Strengthening a coalition between food security and food safety may help to balance perceived power differentials by creating space for community building where everyone is working together. It is important to consider the extent and feasibility of intersectoral collaboration in order to recommend ways to improve public health services. I explored how people who work from very different worldviews can come together to support a safe and accessible food supply, considering the complexities of the global food system.

This study had two research methods. One method was Concept Mapping, where 43 people answered an online survey to describe the way to ease tensions between those working in food safety and those working in food security. Twenty-three people then sorted the answers into groups, and 21 ranked them according to how important and how feasible they felt the answers were to easing tensions.

The other method used a case study approach to do Situational Analysis. I interviewed 34 people who were involved with keeping urban chickens, involved in Farmer's Markets, participated in community kitchens, used or produced raw milk, or worked in the areas of health protection or health promotion. I also included some document reviews, such as media stories, government reports, food safety regulations, and bylaws. I asked two main questions: (a) how are the intersecting areas between food safety and food security negotiated, and (b) what are the facilitators and constraints to collaboration?

I have argued that while there is concern for protecting the public's health, food safety regulations are not set with a primary focus on protecting people from unsafe food, but are a vehicle for providing confidence in the market and among international trading partners, at the cost of health and welfare of small-scale producers in rural and remote communities. I am suggesting change not only in how we view and understand personal motives or worldviews related to food and market forces, but also a shift on a larger scale, to change structural conditions to promote health and to encourage a moral obligation to reduce health inequities.

Facilitators for collaboration primarily rest on developing trust and clear communication. Participants noted that willingness of regulatory authorities to listen to and respond to needs of civil society groups builds good relationships. Fostering the ability to work with community members is more important than exercising enforcement, power, and control. Having a shared understanding of the whole food system is important to understand the context and approach of each group involved. Overall, the common threads are trust and relationships. Trust in fair and equitable application of regulation, that people will practice safe food handling, and that reason will prevail over policy.



SUCCESSES!

Congratulations to Dr. Wanda Martin, who successfully defended her doctoral dissertation on February 27th. In the view of her committee, it was one of the best dissertation defences they had ever seen. The title of her study was "Food gone foul: Food safety and security tensions". (see Wanda's submission on her work on page 16). Wanda held the prestigious and highly competitive CIHR Banting and Best doctoral fellowship. She is also a co-investigator on a complexity science knowledge synthesis project and a research associate on a programmatic CIHR grant on reducing health inequities. Her interests are in reducing food insecurity and health inequities.

Currently Wanda is a co-investigator on a community-based food literacy research focused on increasing food security and health by identifying and promoting better practices in building food literacy with Vancouver Island campuses and communities. Food literacy means the ability to understand the food system and to develop skills across the lifespan in order to navigate, engage and participate within a complex food system, making decisions to support the achievement of personal potential and maintenance of health and well-being.

Submitted by Marjorie MacDonald, Faculty, School of Nursing, UVic

PUBLICATIONS and PRESENTATIONS – FACULTY

Bruce, A., Tschanz, C. (2013). Poetic Forms: Shaping Aesthetic Knowing. Journal of Nursing Education, pp. 543-544.

Bruce, A., Schick Makaroff, K., Sheilds, L., Beuthin, R., Molzahn, A., **& Shermak, S.** (2013). Lessons learned about art-based approaches for disseminating knowledge. Nurse Researcher, 21(1), 23-28. doi: 10.7748/nr2013.09.21.1.23.e356. PMID: 24004428

Bruce, A., Sheilds, L., Molzahn**, A., Schick Makaroff, K., Beuthin, R., & Shermak, S.** (2013). Stories of liminality: Living with life-threatening illness. Journal of Holistic Nursing. Advance online publication. doi: 10.1177/0898010113498823 [Epub ahead of print] PMID: 23926216

Bruce, A., Schick Makaroff, K., Sheilds, L., Beuthin, R., Molzahn, A., & **Shermak, S. (2013).** Lessons learned about art-based approaches for disseminating knowledge. Nurse Researcher, 21(1), 23-28. doi: 10.7748/nr2013.09.21.1.23.e356. PMID: 24004428

Bruce, A. & Stajduhar, K. (2013). Spirituality in Nursing: Following the patients' and families' view of a good death. In P. Bramadat, H. Coward, **K. Stajduhar,** (Eds). Spirituality in Hospice Palliative Care (pp. 41-65). Albany, NY: Suny Press. (book chapter)

SUCCESSES! cont.

Bruce, A., Schick Makaroff, K., Sheilds, L., Molzahn, A., **Beuthin, R., Shermak, S., & Stajduhar, K.** (2013). Symbols of living in-between: Re-stor(y)ing life within life-threatening illness. Art Exhibit. Curated by Robbyn Lanning. British Columbia Ministry of Health. Victoria, BC: Government of British Columbia. (Knowledge Translation Activity)

Mallidou, A.A., Converse, M., Randhawa, G., Atherton, P., MacPhee, M., Bryant, L-A., Redekopp, M., Mickelson, G., Borycki, E., **Young, L.**, Hamilton, S., & **Frisch, N.** (in press). Health Services Researcher Pathway for registered nurses: An integrative literature review. Health Care: Current Reviews (OA), 2:1. doi: http://dx.doi.org/10.4172/hccr.1000114

Mallidou, A.A., Oliviera, N.G., & Borycki, E. (2013). Behavioral and psychological symptoms of dementia: Are there any effective alternative-to-antipsychotics strategies? OA Family Medicine, 1(1), 6. doi: http://www.oapublishinglondon.com/oa-family-medicine

Cummings, G., **Mallidou, A.A.**, Masaoud, E., Kumbamu, A., Schalm, C., Laschinger, H., Estabrooks, A.A. (in press). On becoming a coach: A pilot intervention study with managers in long-term care. Health Care Management Review, Apr 25 [Epub ahead of print]. doi: 10.1097/HMR.0b013e318294e586

Mallidou, A.A., Cummings, G., Schalm, C., Estabrooks, C.A. (2013). Health care aides' use of time in a residential long-term care unit: A time and motion study. International Journal of Nursing Studies, 50(9), 1229-1239. doi: http://dx.doi.org/10.1016/j.ijnurstu.2012.12.009

Marcellus, L. (2014). Nurture the mother-nurture the child: A trauma-informed woman-centered approach to supporting women with substance who are pregnant or newly parenting. Burlington, VA: Vermont Oxford Network.

Bottorff, J., Poole, N., Kelly, M., Greaves, L., **Marcellus, L.**, & Jung, M. (2013). Tobacco and alcohol use in the context of adolescent pregnancy and postpartum: A scoping review of the literature. Health and Social Care in the Community, November, 1-14.

Nathoo, T., Poole, N., Bryans, M., Dechief, L., Hardeman, S., **Marcellus, L., Poag, B.**, & Taylor, M. (2013). Voices from the community: Developing effective community programs to support pregnant and early parenting women who use alcohol and other substances. First Peoples Child and Family Review, 8(1), 93-106.

Benoit, C., **Marcellus, L.**, Phillips, R., Stengel, C. & O'Connor, S. (in press). Analyzing provider's constructions of problematic substance use among pregnant and early parenting women. Sociology of Health and Illness.

Vermont Oxford Network 2013 Annual Meeting and Quality Congress, Chicago, IL, October 2013. A workshop on trauma-informed care. **Marcellus, L.** & Walker, I.

Vermont Oxford Network 2013 Annual Meeting and Quality Congress, Chicago, IL, October 201. Neonatal Abstinence Syndrome: To score or not to score: A debate. Franck, L. & **Marcellus, L.**

Belle Isle, L., Benoit, C., & **Pauly, B.** (in press). Addressing health inequities through social inclusion: The role of community organizations. Action Research Journal.

Schick-Makaroff, K., Storch, J., Pauly, B., & Newton, L. (2014). Searching for ethical leadership in nursing. Nursing Ethics. Published online January, 2014. doi: 10.1177/0969733013513213

Sangster-Gormley, E., Carter, N., Donald, F., Martin-Misener, R., Ploeg, J., Kaasalainen, S., McAiney, C., Schindel Martin, L., Taniguchi, A., Akhtar, D., & Wickson-Griffiths, A. (2013). A value added benefit of nurse practitioners in long-term care settings: Increased nursing staff's ability to care for residents. Canadian Journal of Nursing Leadership, 26(3), 24-37.

Sangster-Gormley, E. (2013). Using Case Study Research Methodology to Explain Nurse Practitioner Role Implementation. Nurse Researcher, 20(4), 6-11.

Sangster-Gormley, E., Frisch, N., Schreiber, R. (2013). Articulating New Outcomes of Nurse Practitioner Practice. The Journal of the American Association of Nurse Practitioners, 25(12), 653-658.

Sangster-Gormley, E., Kuo, M.H., Borycki, E., **Schreiber, R.** (2013). Use of knowledge discovery techniques to understand nurse practitioner practice patterns and their integration in a health care system. Studies in Health Technology and Informatics, 183, 111-114. DOI 10.3233/978-1-61499-203-5-111

Sangster-Gormley, E., Martin-Misener, R., Burge, F. (2013). A case study of nurse practitioner role implementation in primary care: What happens when new roles are introduced? BMC Nursing, 12(1), 1-12.

Kaasalainen, S., Ploeg, J., McAiney, C., Schindel, Martin, L., Donald, F., Martin-Misener, R., Brazi,l K., Taniguchi, A., Wickson-Griffiths, A., Carter, N., **Sangster-Gormley, E.** (2013). Role of the nurse practitioner in providing palliative care in long term care homes. International Journal of Palliative Nursing, 19(10), 477-485.

Ploeg, J, Kaasalainen,S, McAiney, C, Martin-Misener, R, Donald, F, Wickson-Griffiths, A, Carter, N, **Sangster-Gormley, E,** Schindel Martin, L, Brazil, K, & Taniguchi, A. (2013). Resident and Family Perceptions of the Nurse Practitioner Role in Long-Term Care Settings: A Qualitative Descriptive Study. BCM Nursing, 12(24), 1-11.

Stajduhar, K.I. (2013). The burdens of family caregiving at the end of life. Clinical Investigative Medicine. 36(3), E121-E126.

Stajduhar, K.I., Funk, L., & Outcalt, L. (2013). Family caregiver learning – how family caregivers learn to provide care at the end of life: A qualitative secondary analysis of four datasets. Palliative Medicine. 27(7), 657-64.

Funk, L., & **Stajduhar, K.** (2013). Analysis and proposed model of family caregivers' relationships with home health providers and perceptions of the quality of formal services. Journal of Applied Gerontology 32(2) 188-206.

Giesbrecht, M.D., Crooks, V.A., & **Stajduhar, K.I.** (2013). Examining the language-place-healthcare intersection in the context of Canadian homecare nursing. Nursing Inquiry. Epub ahead of print doi: 10.1111/nin.12010.

Funk, L., Waskiewich, S., & **Stajduhar, K.I.** (2013-2014). Meaning-making and managing difficult feelings: death, dying and the provision of front-line end of life care in residential care settings. OMEGA Journal of Death and Dying, 68(1), 23-43.

Thorne, S., Oliffe, J., **Stajduhar, K.I.,** Oglov, V., Kim-Sing, C., Hislop, G. (2013). Poor communication in cancer care: What it is and what to do about it. Cancer Nursing, 36(6),445-53.

Shadd, J., Burge, F., **Stajduhar, K.I.**, Cohen, S. R., Kelley, M. L., & Pesut, B. (2013). It's time to define - and measure - a palliative approach in primary care. Canadian Family Physician, 59(11), 1149-1150.

Thorne, S., Oliffe, J., & **Stajduhar, K.I. (**2013). Communicating shared decision making: Cancer patient perspectives. Patient Education and Counselling, 90(3), 291-296.

Thorne, S., Hislop, T. G., Kim-Sing, C., Oglov, V., Oliffe, J. L., & **Stajduhar, K. I.** (2013). Changing communication needs and preferences across the cancer care trajectory: insights from the patient perspective. Support Care Cancer.

Giesbrecht, M., Wolse, F., Crooks, V.A., **Stajduhar, K.** (2013). Identifying socio-environmental factors that facilitate resilience among Canadian palliative family caregivers: A qualitative case study. Palliative & Supportive Care, in press. Epub ahea of print DOI: http://dx.doi.org/10.1017/S1478951513001028, Published online: November 11, 2013.

Roberts, D., McLeod, B., **Stajduhar, K.**, Webber, T., & Milne, K. (2014). Applying research into practice: A guide to determine the next palliative home care nurse visit. Home Healthcare Nurse 32(2) 88-95.

PUBLICATIONS and PRESENTATIONS - STUDENTS and ALUMNI

MN-NUED student **Glen Barton** in collaboration with Jason Nesbit, RN, MA (Ed) has had his first manuscript, Nursing Journal Clubs: A Strategy for Improving Knowledge Translation and Evidenced-informed Clinical Practice accepted for publication in the Journal of Radiology Nursing. Congratulations Glen!

Beuthin, R. Metaphors of aging with HIV. Poster presented at InspireNet's Fall 2013 Conference. Connect 2013: Health Services Research at Work: Using Evidence to Transform Care. Vancouver, BC, September 16, 2013.

Beuthin, R. Metaphors of aging with HIV. Poster presented at 17th National Conference on Gerontological Nursing: Personhood and caring: Honoring the older adult's life journey. Richmond, BC, May 30, 2013.

Garland, E., Bruce, A., Stajduhar, K. (2013). Exposing barriers to end-of-life communication in heart failure: An integrative review. Canadian Journal of Cardiovascular Nursing,23(1), 12-18.

Martin, W., Pauly, B., MacDonald, M., Hancock, T., O'Briain W., Perkin, K., and Lowen, C. (November, 2013). Reducing Health Inequities: Innovative Public Health approaches to Promote Health Equity. Paper presented to the IDC Northern Research Days and 12th Conference of the Canadian Rural Health Research Society, Prince George, BC.

Martin, W. (November, 2013). Food Gone Foul: Balancing Food Safety and Food Security. Paper presented to the IDC Northern Research Days and 12th Conference of the Canadian Rural Health Research Society, Prince George, BC.

Perkin, K., **MacDonald, M., Martin, W., Pauly, B.**, Hancock, T., O'Briain W. and Wallace, B. (November, 2013). Social Network Analysis: Measuring intersectoral collaboration in public health. Workshop presented to the Public Health Association of BC, Vancouver, BC.

Martin, W. (November, 2013). Food Gone Foul (Fowl). Paper presented to the Public Health Association of BC 2013 Conference, Vancouver, BC.

MacDonald, M., Pauly, B., Martin, W., Valaitis, R. (October 2013). Using Policy-Relevant Qualitative Methods for Studying Complex Population Health Interventions. 19th Qualitative Health Research Conference, Halifax, NS.

Carroll, S., **MacDonald, M. & Martin, W.** (2013, August). A metanarrative review of the application of complexity science and systems thinking in health promotion and public health research. Paper presented to the International Union for Health Promotion and Education World Conference, Pattaya, Thailand.

Merryfeather, L., & Bruce, A. (2014). The invisibility of gender diversity: Understanding transgender and transsexuality in nursing literature. Nursing Forum, DOI=10.1111/nuf.12061&ArticleID=1244432

Merryfeather L. & Bruce., A. (In press). Autoethnography: Exploring gender diversity. Nursing Forum.

Bateman, G. & **Merryfeather, L.** (2014). Practical implementation of Newman's Theory of Health as Expanding Consciousness: A personal evolution. Nursing Science Quarterly, 27, 57-61. doi:10.1177/0894318413509725

Petrovskaya, O., & Jantzen, D. On a Question of Nursing Professional Self-Regulation in Liquid Times. International Philosophy of Nursing Society conference, Atlanta, GA, September 6-9, 2013.

Petrovskaya, O. (2014). Is there nursing phenomenology after Paley? Essay on rigorous reading. Nursing Philosophy, 15(1), 60-71.

Petrovskaya, O. (2014). Domesticating Paley: How we misread Paley (and phenomenology). Nursing Philosophy, 15(1), 72-75.

Cathy Rippin-Sisler and Denise Bowen, 1st year PhD students, will be presenting this month at the Western Region CASN Conference in Winnipeg. The title of their presentation is "Teaching Old Dogs New Tricks: Adventures in Disributive Learning." This presenation will be a discussion of their experiences and consideration of current literature reflecting what a PhD program should include, and how it prepares students for their future role as PhD prepared nurses.

Pal, S., Bruce, A., Sheets, D. (accepted with minor revisions) The organizational culture of emergency departments and the effect on care of older adults: A modified scoping study, International Emergency Nursing ref No.YAAEN-D-13-00036

GRANTS and FUNDING SUCCESSES– FACULTY

2013-2014 Sharing Knowledge and Experience: Planning a Research Program on Optimizing Residential LTC Facilities in British Columbia. **Mallidou, A.A.**, Cummings, L. (PIs), Boström, A-M., Estabrooks, C.A., Fowler, S.J., MacFadgen, L., McGilton, K., Murphy, G.T., Papaioannou, G., Penning, M., Purkis, M-E., Saleh, N., Scarrow, G., Sheets, D., Sudbury, F., & Tuokko, H. Funded by Canadian Institutes of Health Research (CIHR) Planning Grant.

2013-2014 Bringing Research into Practice (BRP). Cummings, L. (Project Lead), Parke, B., McLennan, M., and Maclaren, J. & **Mallidou, A.A**. (Advisory Team). Funded by Michael Smith Foundation for Health Research (MSFHR) BCNRI Point-of-Care Initiative.

2013-2016 Living-and-Dying with Fatal Chronic Conditions: Understanding Narratives of Liminality. **Sheilds, L.** (PI), Molzahn, A., Schick Makaroff, K., Clark, A., Borycki. E. Funded by Canadian Institutes of Health Research (CIHR).

2013-2016 Access to End of Life Care for Vulnerable and Marginalized Populations. **Kelli Stajduhar** (PI), Danica Gleave, Kristen Kvakic, Ryan McNeil, Caite Meagher, **Bernie Pauly**, Sheryl Reimer-Kirkham, Caelin Rose, Grey Showler, and Bruce Wallace Funding Agency: Canadian Institutes of Health Research, Operating Grant

2013-2016 Improving the Quality of Life of Family Caregivers of Cancer Patients at the End of Life: The Caregiver Support Needs Assessment Intervention. **Kelli Stajduhar** (PI), Rick Sawatzky, Robin Cohen, Laura funk, Kristine Votova, Gunn Grande, Gail Ewing, Samar Aoun, Chris Toye, Carolyn Wilkinson, Barbara MacLean, Jill Gerke, Lynda Foley. Funded by Canadian Cancer Society Research Institute and Technology Evaluation in the Elderly Network