# COMMUNIQUÉ

UVic School of Nursing - Research and Scholarship Publication

Spring 2013





# COMMUNIQUÉ



COMMUNIQUÉ is a research and scholarship publication of the University of Victoria School of Nursing.

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### LETTERS

The COMMUNIQUÉ welcomes mail from readers. Send your questions or comments to Emma Hannah at ehannah@uvic.ca

#### SUBMISSIONS

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**UVic magnolias in bloom**, photograph by Robbyn Lanning

# **Letter from Kelli Stajduhar and Betty Davies**

# Nursing Care of the Dying – A Call for an "Upstream" Approach

Dear Readers,

We are delighted to introduce this issue with a focus on palliative care. We welcome this opportunity to share our thoughts about nursing care of the dying and to introduce the activities of faculty and students who are contributing to the field of palliative care.

We are in an unprecedented time in Canada - the social and political radar is squarely focused on issues facing Canadians who are aging and affected by advancing chronic life-limiting conditions. We are increasingly seeing the need to create health care systems that promote a more dignified death. Calls for a more compassionate and comprehensive approach to care of individuals facing life-limiting illness are commonplace. While care of the dying is a responsibility of all in the health care system, the role of nurses is central. We spend more time with people who are dying than any other health professional. We encounter dying people in virtually every sector of the health care system and our focus on "whole person" care positions us perfectly to influence the ways dying people across the life span and their families are cared for. Key concepts associated with palliative care – dignity, hope, comfort, quality of life, knowing the patient, teamwork, suffering and caring – have long been a part of the raison d'être of nursing practice. Nursing researchers have contributed to knowledge in symptom management, identifying needs and preferences of dying people and their families, bereavement care, health service needs, communications and decision making. Nursing research has contributed to significant improvements in care. The impetus for the development of hospice and palliative care programs worldwide, came from nurse scholars such as Florence Wald and Jeanne Quint Benoliel. While perhaps less well known than the founder of the modern hospice movement, Dame Cicely Saunders (herself a nurse before becoming a physician), Drs. Wald and Benoliel paved the way for nurses to lead the development of palliative care nursing as a specialty. Similarly, two other nurses, Sr. Frances Dominica and Dr. Ida Martinson are recognized as the founders of the specialty of pediatric palliative care.

The hospice/palliative care movement has, without question, improved the standards of care for the dying. It is now rare to not find specialized palliative care services in most urban centres in the Western world. Even so, consistent reports of poor quality care of the dying abound. The latest report from the Economist Intelligence Unit ranks Canada as ninth in the world in relation to the provision of quality end-of-life care. There are likely many reasons for this low ranking, but perhaps most importantly, we are just not very good at identifying people who are on a dying trajectory. Most of us associate palliative care with cancer patients who have relatively predictable illness trajectories with relatively predictable time frames until death. However, life-threatening illnesses in children also include a wide-range of progressive, neurological and chromosomal conditions and the large majority of adults who die – about 80% – die from an advancing chronic life-limiting illness such as heart, lung or renal disease, dementias and frailty, and these people are typically not served by specialized palliative care.

No doubt, we need specialized services for those dying with complex care needs; they are essential. But we also need to recognize that dying people are everywhere in our health care system, and many of them will never have access to, nor do they necessarily require, specialized care. What they need are nurses with the knowledge and relational ability to provide compassionate and skilled care, who can advocate 'upstream' on their behalf, and plan with them for quality care at the end of life.

Best wishes,

Kelli I. Stajduhar, RN, PhD Associate Professor

Keen Stajduhan

School of Nursing University of Victoria Betty Davies, RN, PhD, CT, FAAN Professor and Senior Scholar School of Nursing University of Victoria

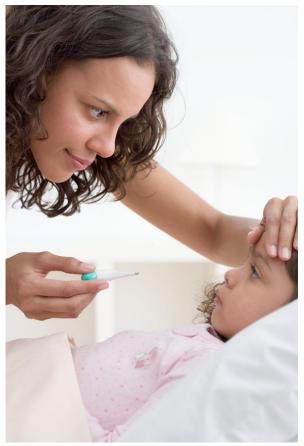
Betty Duices

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# A Research Program in Pediatric Palliative Care



by Betty Davies, RN, PhD



The opportunities, joys and rewards of conducting research in pediatric palliative care are many, but researchers also face a challenging level of complexity when studying children with life-limiting illness and their families. To study within this complex, sensitive health care realm, our research team took an integrated approach. Transitions in Pediatric Palliative and End of Life Care (PedPalNET) was created following a call for proposals by the Canadian Institutes of Health Research (CIHR) to develop collaborative, multidisciplinary research teams organized around particular areas of study in palliative care. Of the nine teams funded across Canada in 2004, ours was the only one focused on pediatrics. Our New Emerging Team brought together a multidisciplinary Core Team (nurses, physicians and social worker). In collaboration with the children, their families, and the community of caregivers, healthcare providers, and healthcare settings, we created an innovative collaborative multi-disciplinary/multi-institutional model of work supported by best practices via electronic collaboration. Together, we undertook cross-sectional and longitudinal research to create a holistic picture of transitions within the trajectory of children and families living with lifelimiting conditions; established and supported new investigators and built capacity in pediatric palliative care by training clinician scientists and a critical mass of researchers from an array of disciplines; and, contributed to an evidence base for improved policy and practice.

The PedPalNET initiative resulted in additional funding to continue working in this field after the original NET funding ended. Notably, Charting the Territory linked six clinical centres across Canada and five academic institutions to collaborate on a longitudinal study of children with life-threatening metabolic, genetic and neurological conditions. The original Parent Caregiver grant to study growth and strength among parents and its subsequent renewal exemplifies interdisciplinary research with researchers from health care, medical anthropology and health economics. The Best Practices grant seeks to understand "best practices" in parent/provider interactions and relationships. These three grants are ongoing with data collection and publication of relevant results in pediatric palliative care.

In addition, PedPalNET built a critical mass of researchers and clinicians to participate in these studies. By establishing and training clinicians and training and mentoring new students, the network continued to expand capacity at "clinical research centres." To maintain the momentum built by the original NET, our current Catalyst grant from CIHR (PedPalASCNET: Accessible, Sustainable and Collaborative), enables us to develop clinician-researchers and clinician-knowledge brokers at each of the major care centres across Canada. We are establishing a new platform of technology to bring the network members together, link current networks to the new network on a national and international level, formally establish and expand the Canadian network through research collaborations, and provide knowledge translation through various tools, such as Canadian Virtual Hospice. By building on its previously successful collaborative model, the NET will continue to grow and link researchers and clinicians in a successful clinician-researcher model of inquiry and resulting in collaborative research that will optimize the care provided to children and families in pediatric palliative care.

Betty Davies is Professor and Senior Scholar at the UVic School of Nursing.

# Preparing Nurses for a Palliative Approach: Not Simply a Matter of More Knowledge

by Gweneth Doane, RN, PhD

"What you are teaching isn't what we see happening in the real world!"This commonly experienced practice gap between the 'real' and the 'ideal' offers a fruitful and engaging site for learning. Extending education and knowledge translation (KT) beyond an individualist, technical approach (where knowledge development is focused toward, and located in, individuals), this in-between learning space inspires a relational, adaptive educational approach -one where learning occurs within/between people and situations- and people, knowledge, values, normative habits and ways of working are transformed. This in-between relational learning space was the site of a recent KT research project to improve end-of-life (EOL) care in acute medical and residential settings. Entering the practice gap, we enlisted the knowledge capacity of nursing staff, nursing team leaders and clinical educators

to undertake a conscious, capacity-oriented inquiry focused on 'mining' (not just 'minding') the practice gap. Working between 'good death' and 'bad death' stories we invited people to examine the EOL experience and practice on their unit. Enlisting different mediums (for example, collages, debriefings, workshops, a tour to a funeral home and so forth) a sense of common purpose and learning grew. Staff on one unit described "waking up" to see their practice with "fresh eyes." As one of the clinical educators described, "the more we learned the more the ideas flowed and projects were imagined...to watch a staff person go from saying "I could never do that" to spending four hours teaching others how to do it is very rewarding."

Gweneth Doane is a Professor at the UVic School of Nursing.

# faith and Cultural Perspectives in End-of-Life Care

by Anne Bruce, RN, PhD

Recently I received an email from a clinical nurse specialist (CNS) seeking assistance with a challenging case review. The nursing staff were concerned that a patient's Buddhist beliefs were a significant factor in what they saw as inadequate pain management. In their opinion, the patient's beliefs were responsible for her refusing pain medication until she was in agony. This case raises important questions about the gaps in knowledge concerning faith and cultural perspectives in end-of-life care. A team of researchers at UVic and abroad embarked on a project to begin addressing questions of religion and what 'good death' entails. The result is a recently published text, Religious Understandings of a 'Good Death' in Hospice Palliative Care (2012), edited by Harold Coward (founder of the UVic Center for Studies of Religion and Society) and Kelli Stajduhar (School of Nursing) that will serve nurses and care providers in palliative care worldwide. In addition to a chapter entitled, Buddhist Perspectives on Good Death, this research sparked further inquiry into the concerns presented in the case example above. Currently I am exploring understandings of suffering and death from a Vajrayana Buddhist perspective in comparison with Canadian palliative care practices. Contrasting these understandings may shed light on key questions faced by palliative care practitioners: How do taken-for-granted assumptions about a 'good death' constrain patients' and families choices of dying in their own ways? To what degree is the choice to suffer truly a patient's choice? How do taken-for-granted assumptions of suffering and dying from any perspective hinder health professionals' capacity to serve? This research contributes to knowledge needs expressed by nurses dedicated to providing culturally and faith sensitive palliative care.

Anne Bruce is the Acting Director, Nurse Educator Program Coordinator, and an Associate Professor and at the UVic School of Nursing.

# Integration of a Palliative Approach in Hospital, Residential, and Homecare Nursing: Results of a **Province-Wide** Survey

by Richard Sawatzky, RN, PhD; Kelli Stajduhar, RN, PhD; and Della Roberts, RN, MSN

The rising number of people who will be facing old age makes it likely that nursing support for persons with advancing chronic and life-limiting illness will be a dominant challenge for health care delivery in the next half-century. Most individuals with advancing chronic and life-limiting illness do not access palliative care services but would greatly benefit from the application of the principles of palliative care (a palliative approach). By incorporating a palliative approach in care, nurses can better support people with life-limiting conditions and their families. This approach to care involves the application of palliative care principles, upstream, by healthcare professionals to address the quality of life concerns and suffering of people who have advancing chronic life-limiting illness, regardless of their context of care and stage in the disease trajectory. A palliative approach can be provided in any care setting by healthcare professionals, from a range of disciplines, who do not necessarily specialize exclusively in palliation, including residential care, home care, hospital in-patient and out-patient care, and primary care.

As part of our Initiative for a Palliative Approach in Nursing: Evidence and Leadership (www.iPANEL.ca; funded by the Michael Smith Foundation for Health Research – BC Nursing Research Initiative), our team has completed a mixed-methods province-wide survey to obtain perspectives from nurses and healthcare workers about a palliative approach in BC nursing care settings. All registered nurses, licensed practical nurses, care aides and community health workers (N = 1,468) in 114 randomly sampled acute medical, residential care and home health settings in five BC Health Authorities were invited to complete a questionnaire about their competencies, education, and application of a palliative approach and to participate in qualitative interviews. A stratified and clustered sampling approach was used to obtain provincial coverage of both urban and rural settings across the province. The survey questionnaire included the 50-items of the Self-Perceived Palliative Care Nursing Competencies instrument (JF Desbiens) that measures nurses' self-perceived competence in dimensions of palliative care; questions about the sources and adequacy of educational preparation and knowledge for a palliative approach; questions regarding the extent to which a palliative approach is integrated; and guestions about characteristics of the nursing care setting, work environment and demographics.

The results revealed substantial variability in the extent to which nurses and healthcare workers integrate a palliative approach into their care. This variability was explained in part by the extent to which nurses and healthcare workers identify their patients as having a life-limiting chronic condition. The integration of a palliative approach was also significantly explained by self-perceived competence in addressing important needs of patients with life-limiting chronic conditions. Though nurses and healthcare workers reported feeling quite confident in most aspects of care, they felt relatively less confident in addressing spiritual needs, social needs, ethical and legal issues, and in applying



interventions to relieve complex symptoms and support family caregivers. The qualitative interviews helped to further enrich understandings of experiences and challenges related to a palliative approach.

We are now using the survey results to inform the next phases of our iPANEL research program, and to identify settings in particular need of attention. Survey findings along with several other funded iPANEL studies will help us to address our overarching research question: How and in which contexts can a palliative approach better meet the needs of patients with a life-limiting illness and their family members and guide the development of innovations in health care delivery systems to better support nursing practice.

Richard Sawatzky is an Associate Professor at the School of Nursing, Trinity Western University. Kelli Stajduhar is a Professor at the UVic School of Nursing and Centre on Aging. Della Roberts, is an Adjunct Professor at the University of British Columbia School of Nursing.

# Celebrating 20 years of a Hospice Palliative Nursing Elective

by Coby Tschanz, RN, MN, PhD(c); Deanna Hutchings, RN, MN

Concepts relevant to hospice palliative care (HPC) nursing are addressed in several courses within the College-University Transfer Program for undergraduate students. As well, students have the option of focused study via a fourth-year elective. This course, first taught in 1992, was the first palliative care nursing course in BC and one of the first in Canada. It was developed and taught by the multidisciplinary team of Lynn Cummings (MScN), Debra Braithwaite (MD), and Wendy Wainwright (MSW) from Victoria Hospice, at the invitation of the School's then Acting Director Dr. Mary Richmond. Current syllabi continue to be influenced by past iterations and the newly developed CASN competencies for HPC nursing. This course is delivered twice each year, once oncampus and once to post-basic BSN students via Moodle. It provides a rich milieu for distinguishing and advancing the contributions of nurses in HPC and beyond.

Course work supports students to develop confidence in interpreting HPC principles in various settings. For example, a nurse wrote: "This course has sparked me into

developing a team within my long term care home to create a system to identify when palliative care should begin for those with dementia.... Thank you for helping me...to help others." Knowledge gained in the course also fosters greater competency and compassion in the full range of nursing practice. Another student reported: "This course has opened my eyes to how I provide pain management, not only to palliative cancer patients, but to all patients experiencing pain." It is no small accomplishment that this nurse is better able to serve her patients, no matter where she practices. These examples of feedback are two among many. As a result of the course it is not uncommon for students, whether practicing or beginning nurses, to pay closer attention to quality of end-of-life care with a clearer sense of direction of how to proceed-that is, with deeper levels of compassion, competence, and confidence in caring for those who are dying and for their families.

Coby Tschanz is Senior Instructor at the UVic School of Nursing.





# **International Work Group on Death, Dying and Bereavement**

Hosts Conference in Victoria, BC

The International Work Group on Death, Dying and Bereavement (IWG) began in 1973 as a group of pioneers in the field of death, dying and bereavement who wanted an opportunity to talk freely and openly about their ideas with colleagues who shared an interest in topics generally avoided by others. That meeting laid the foundation for one of the first professional organizations in the field of death, dying and bereavement. IWG now has about 140 members in 20 countries; members represent a range of disciplines and perspectives – all with a common interest in thanatology and all recognized as "leaders" in the field. IWG meetings continue to present this kind of opportunity to be with like-minded people to talk about ideas, experiences, or practices but without having to "perform" by presenting a paper. Instead, we divide into workgroups for the week and each group discusses a particular topic.

Betty Davies and Tom Attig are co-hosting IWG Victoria from April 28 – May 3, 2013. It is the practice of IWG to invite professionals in the host community who have expertise in death, dying, and bereavement, to join in these discussions by attending the IWG meeting that is being held locally. Prior to the meeting, IWG sponsors a oneday conference for the public with IWG members volunteering as speakers. The conference will be held at the Inn at Laurel Point in Victoria on April 27, 2013.

The conference is entitled "Hospice and Palliative Care, Grief Counseling, and the Aftermath of Trauma and Disaster." Fourteen IWG members from Australia, Brazil, China, England, Germany, Greece, Japan, New Zealand, and the USA, will share their expertise about counseling adults, children and communities post-trauma, disaster and suicide; empowering cultural and spiritual strengths at the end of life; palliative care development worldwide; and, dealing with the aftermath of the devastating Melbourne fires, the tsunami in Japan, the earthquakes in New Zealand, and the air crash in Brazil. The conference is intended for all who work in hospice and palliative care, grief counseling, funeral service, disaster response, pastoral care, and public health.

For further information, contact Betty Davies at daviesb@uvic.ca or Breda Hamill: breda@dearmondmanagement.com, 250-472-7644 or online at www.iwgddb.com.



# CASN Palliative End-of-Life Care Competencies Initiative

by Darcee Bidgood, RN, CHPCN(c) and Lynne Young, RN, PhD

Palliative care is now widely acknowledged as an essential substantive area for all health care disciplines. Thus, the Canadian Association of Schools of Nursing (CASN) led a palliative end-of-life care (PEOLC) initiative to guide the educational preparation of undergraduate nurses. CASN convened a task force comprised of nurses from practice and academia who represented diverse regions of Canada. The CASN PEOLC Task Force developed several drafts of competencies and indicators through wide consultation (document available at: http://www.casn.ca/en/Competencies\_and\_indicators\_168/items/3.html). Once the competencies were accepted by key stakeholders, a competency document and three amazing resources available at: http://casn.ca/en/Palliative Care 122/items/5. html) were developed to support the integration of the PEOLC competencies into teaching practice.

The Story of Care video is the most loved and used of these resources. In this video (viewable by clicking on the link above), 'Jim' tells of his encounters with the health care system as he and his wife journey through illness progression. 'Jim's' touching accounts invite viewers to reflect on such questions as "How do I see this patient... as a disease? As a person?". We urge you to explore the CASN PEOLC materials and perhaps find ways to use them in your teaching practice. Thus, you will contribute to the mission of providing compassionate, competent care to highly vulnerable Canadians.



Darcee Bidgood is a Project Coordinator at the UVic Centre on Aging. Lynne Young is a Professor and Associate Director of Graduate Education at the School of Nursing.

# **SELECTED RECENT TOPICS ON**

# PALLIATIVE CARE by UVIC GRADUATE STUDENTS

- Ella Garland MN Thesis, 2012 Exposing communication barriers that impede end-of-life communications in patients with heart failure: An integrative review. Supervisor: **Anne Bruce**.
- Debra Mayer MN Project, 2012 Hermeneutics as an approach to inform spiritual care-giving practices at end of life. Co-supervisors: Kelli Stajduhar and Anne Bruce.
- Kara Schick Makaroff PhD Dissertation, 2011 Stories of chronic kidney disease: Listening for the unsayable. Supervisor: Laurene Sheilds.
- Charlotte Ann Syme PhD Dissertation, 2011 Organizing transitions in palliative care: outside/inside cancer systems. Supervisor: Mary Ellen Purkis.
- Bella Wang MN Project, 2012 Knowledge translation and its application to refractory symptom and palliative sedation therapy guidelines. Supervisor: Anne Bruce.
- Kathleen Yue MN Thesis, 2011 The experience of well-being in the midst of advanced cancer. Co-supervisors: Kelli Stajduhar and Anne Bruce.

## **NURSING** IN THE NEWS

- This opinion piece outlines items for the BC provincial government to consider when planning more safe-injection sites: UVic Associate Professor **Bernie Pauly** argues that a "values-based conflict is complicating what should be a public health decision." Public health issues should trump politics, advocates of safe injection sites urge. Canadian Nurse, June 2012.
- **Jeff Cousins**, a fourth-year undergraduate nursing student who has volunteered at Our Place Society, speaks of his personal experiences with the language, stereotypes and stigmas surrounding homelessness. *Reducing stigmas key to fighting homelessness*. By **Jeff Cousins**, Victoria News, July 11, 2012.
- Nursing graduate, **Sarah Moore** received TLC as a preemie at the neonatal intensive care unit where she now works caring for premature and sick babies. *Nurse comes full circle in unit that cares for premature babies*. By Cindy E. Harnett, Times Colonist, August 9, 2012.
- Project Connect draws 700 from street community to annual check-in. By Judith Lavoie, Times Colonist,
   October 18, 2012. Fourth-year nursing student Vanessa Reynolds was involved in the annual Project Connect, a service/info
   fair organized by the Greater Victoria Coalition to End Homelessness. She provided much-needed foot care to those who
   attended and was featured in the front-page photo.
- Graduating nursing student, **Permjit Soomal**, Advanced Practice Nursing, Master of Nursing in the Nurse Educator Option, was featured in the November convocation student profiles in the UVic Ring newspaper. *Grad shares nursing expertise in Bangladesh*. By Denise Helm, The Ring, November 7, 2012.
- Victoria General Hospital's pediatric unit is becoming more parent-friendly with its new patient and parent information
  centre. The project was spearheaded by fourth-year nursing students Ali Nikolejsin and Lindsay Erikson as part of their
  practicum with the pediatric unit. Father (and mother) knows best: new resources at Victoria General Hospital. By Kyle Wells,
  Goldstream Gazette, November 22, 2012.
- Wendy Neander heads up a non-profit organization called Pueblo Partisans that aims to improve the health and livelihoods of Guatemalans. Pueblo Partisans has organized nurse and nursing student delegations to the community with volunteers from the UVic Nursing Students Without Borders group. Lindsey Meidinger, a UVic nursing student delegate, spent six weeks in the country. Nursing a community back to health in Guatemala. By Elaine O'Connor, The Province, November 30, 2012.
- Bernie Pauly comments about premature deaths of people living in poverty. Victoria's street tragedies: *Hard lives take a heavy toll*. By Judith Lavoie and Sarah Petrescu, Times Colonist, December 29, 2012.
- Giving babies the best start in life is always a challenge, especially when they've been exposed to drugs or alcohol before they're born. Lenora Marcellus helps foster parents with training and support programs to care for substance-exposed infants. Her research is the subject of UVic's March 2013 knowlEDGE column.



## **NURSING WEEK 2013**

The University of Victoria School of Nursing, along with its collaborative partner, the Vancouver Island Health Authority (VIHA), are pleased to present the research conference, "Both/and" not "Either/or": Valuing multiple modes of inquiry.

Register now to join keynote speaker Dr. Margarete Sandelowski discuss Modes of Inquiry for Nursing Research in the 21st Century, Friday, May 10, 2013. Registration deadline: April 30, 2013.

For more information visit: www.uvic.ca/hsd/nursing/research

Following the conference, attendees are encouraged to stay for the 7th annual UVic School of Nursing Alumni Awards of Excellence. VIHA's Lynn Cummings is the 2013 award recipient. \* RSVP to Shelley Lietaer at slietaer@uvic.ca or 250-721-6333 by Wednesday, May 1. Attendance is free. You do not have to attend the conference in order to attend the Alumni Award reception.

# **SUCCESSES!**

# **AWARDS - UNDERGRADUATE STUDENTS**

The following undergraduate students were the recipients of scholarships for the 2012/13 academic year:

Carmen Agar-Newman	Elsa Stephens Scholarship in Nursing
Jasper Barnard-Campbell	President's Scholarship
Alexandra Copley	President's Scholarship
Jessica Cormack	Gertrude Helen Robertson Scholarships
Ahmed El Malah	Robert S. Evans Memorial Scholarship in Nursing
Spenser Eriksen	Esther S. Gardom Scholarship
Candice Estrela	President's Scholarship
Rebecca Evans	1 3,
	in Nursing, Mrs. Annie Greskiw Scholarship in Nursing, Pacific Blue Cross Scholarships
Jessica Florio	•
Michelle Friberg	·
Sophia Gardezy	·
Nicole Gawetski	·
Lindsay Hawley	·
Emmanuelle Hebert	•
Brigette Henning	
Kristine Houston	, ,
Amanda Irvine	•
Sarah Kreager	
Nellanna Kurylo	
Julia Mack	·
Allison MacLean	
	Mrs. Annie Greskiw Scholarship in Nursing
Bonnie McKechnie	1,
Tessa Munro	
Christopher Nagainis	
Grahame Nicholls	
Melissa Nuttall	i y
Nancy O'Neill	President's Scholarship
Cecilee Pitman	President's Scholarship
Heather Price	President's Scholarship
Suzanne Prowse	·
Jessica Redgrave	Margaret A. Evans Memorial Scholarship in Nursing
Aandarra Roper	·
Jamie Ross	President's Scholarship
Kelly Simpson	President's Scholarship
Aleta St. Croix	
Carmelita Stanislas	· ·
Bronwen Starke	President's Scholarship
Kara Sundberg	· · · · · · · · · · · · · · · · · · ·
Kyle Trevison	President's Scholarship
• Lewanna Unger	·
Hardeep Uppal	Julia Alice Saddington Memorial Scholarship

### 2013 Jamie Cassels Undergraduate Research Awards

· School of Nursing students, Jessica Dakin, Sophia Gardezy, Kristine Houston, Suzy Prouse and Brittany Reed are the recipients of Jamie Cassels Undergraduate Research Awards (JCURA). These students presented their work at the 2013 Jamie Cassels Undergraduate Research Awards Fair, Wednesday, March 6, 2013 from 11:30 am - 3:00 pm in the UVic Student Union Building (SUB). Students wanting to find out how they can participate in next year's research group, or faculty members interested in mentorship opportunities, are encouraged to contact Lenora Marcellus at lenoram@uvic.ca.

# **SUCCESSES!**

# **AWARDS - GRADUATE STUDENTS**

The following graduate students were the recipients of scholarships for the 2012/13 academic year:

Diane Butcher     Nicole Cook	Harold and Myra Thompson Memorial Scholarship Zillah (Hobart) Wood Graduate Scholarship in the School of Nursing
Carolyn Earle	James & Phillippa Kerr Graduate Scholarship in Nursing
Jaime Fortier	Rudy Horst Gerhardt Kirmhse Graduate Scholarship in Nursing
Joan Humphries	Gertrude Helen Robertson Graduate Scholarship
Vanessa Kinch	Sisters of St. Ann Scholarship in Nursing
Krystina Lewis	Sisters of St. Ann Scholarship in Nursing
Susan Onlock	Sisters of St. Ann Scholarship in Nursing
Elizabeth Poag	James & Phillippa Kerr Graduate Scholarship in Nursing
Angela Remocker	Rudy Horst Gerhardt Kirmhse Graduate Scholarship in Nursing
Clarissa Tsang	James & Phillippa Kerr Graduate Scholarship in Nursing

• Laura Tomm Bonde is the recipient of UVic's President's Research Scholarship. This auspicious award of \$4000 is presented to students who hold a tri-council award.

We commend our 2012 - 2013 award winners, and extend our sincere thanks to the generous donors who make supporting our students possible!

# **PUBLICATIONS and PRESENTATIONS - STUDENTS and ALUMNI**

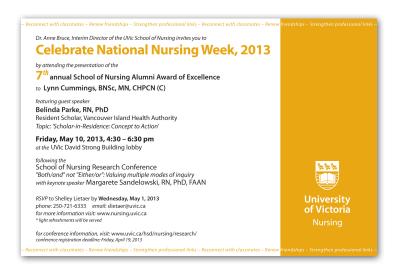
- Garland, E. Bruce, A., & Stajduhar, K.I. (2013). Exposing barriers to end-of-life communication in heart failure: An integrative review. *The Canadian Journal of Cardiovascular Nursing*, 23(1)12-18.
- Humphries, J.M. (2011). Breastfeeding Promotion. American Journal of Nursing, 111(12), 11.
- Humphries, J.M., & McDonald, C. (2012). Unveiling new dimensions: A hermeneutic exploration of perinatal mood disorder and infant feeding. *Issues in Mental Health Nursing*, 33, 377-386.
- Humphries, J.M. (2012). Like a melody it passes: Dasein and perinatal well-Being. *Journal of Applied Hermeneutics*, Article 9, 1-14.
- Yalte, Z. Confluence: The Meeting of Art Inquiry, Disabling Illness & Island Life. 2013 Islands Studies Conference. May 11, 2013.

# **AWARDS - ALUMNI**

 Congratulations to Lynn Cummings, BNSc, MN, CHPCN (C), Vancouver Health Authority (VIHA) Nursing Research Facilitator, recipient of the 7th annual UVic School of Nursing Alumni Award.

Join us, and featured guest speaker, **Belinda Parke**, RN, PhD, VIHA Resident Scholar, 4:30 - 6:30 pm, **Friday, May 10, 2013** in celebration of Lynn. Light refreshments will be served.

RSVP to Shelley Lietaer at slietaer@uvic.ca or 250-721-6333 by Wednesday, May 1. Attendance is free.



# **SUCCESSES!**

# **AWARDS - FACULTY**

- Congratulations to HSD Award of Excellence winners Diana Gicas, Robin Scobie, and Christine Upright. HSD Awards of Excellence recognize and encourage teaching and staff excellence in the Faculty of Human and Social Development.
- Marcia Hills has been selected for Fellowship in the American Academy of Nursing. She was inducted in Washington, DC. October 2012.
- · Lenora Marcellus and Bernie Pauly have been selected as two of only 30 nurses from across Canada to be awarded the Queen Elizabeth II Diamond Jubilee Medal in recognition of their dedication, commitment and contribution to the nursing profession. The Award Ceremony will take place March 2013 in Ottawa.
- Lenora Marcellus and Karen MacKinnon have received the 2012 Manuscript of Exceptional Merit Award for their publication: Marcellus, L., Harrison, A., & MacKinnon, K. (2012). An introduction to the quality improvement process for neonatal nurses. Part I: Quality improvement: A framework for advancing the quality and safety of care. Neonatal Network, 31(2), 81-88.
- Maureen Ryan received a Senior Instructor and Teaching Professor Scholarship, University of Victoria, October 2012.



- Kelli Stajduhar and Harold Coward's co-edited book, Religious Understandings of a Good Death in Hospice Palliative Care, has been awarded a 2012 AJN Book of the Year Award. The book is first place winner in the category of hospice and palliative care.
- Congratulations to Kelli Staiduhar and her colleagues across Canada who have been funded for \$24 million to examine how to best improve care for seriously ill older adults. Technology Evaluation in the Elderly Network supports multidisciplinary research related to health care technology and tools for the seriously ill older adults and their families. The Network is a member of the federal Networks of Centres of Excellence (NCEs), Canada's flagship science and technology program featuring collaborations between researchers, industry and other organizations to produce programs and products that further Canada's economic strength and social wellbeing. The Network's mission is to improve the care of seriously ill, older adults and their families through the development, rigorous evaluation, and ethical implementation of health care technologies, including drugs, devices, knowledge products, improvement strategies and tools, ultimately leading to better outcomes for patients and their families, health care professionals and the health care system as a whole. Dr. Stajduhar is leading research on end of life care within the Network.
- Lynne Young is the recipient of the 2012 (CASN) Canadian Association of Schools of Nursing award for excellence in teaching. The award will be presented at CASN's annual reception in Ottawa on Nov. 13, 2012. CASN is the national voice for nursing education, research and scholarship and represents baccalaureate and graduate nursing programs in Canada.
- Congratulations to Lynne Young, recipient of the 2013 CRNBC Award for Excellence in Nursing Education. The award honours Lynne for her outstanding contribution to the nursing education and demonstration of excellence in relation to the CRNBC Professional Standards for Registered Nurses and Nurse Practitioners.

## PUBLICATIONS and PRESENTATIONS - FACULTY

- Gilmer, M.J., Foster, T.L., Vanetta, K., Barrera, M. Davies, B., Dietrich, M., Fairclough, D.L., Grollman, J., & Gerhardt, C.A. (2012). Changes in Parents After the Death of a Child From Cancer. Journal of Pain and Symptom Management, 44(4), 572-582.
- Marcellus, L., Harrison, A., & MacKinnon, K. (2012). An introduction to the quality improvement process for neonatal nurses. Part II: Using a PSDA quality improvement cycle approach to implement an oral feeding progression guidelines for premature infants. Neonatal Network, 31(4), 215-222.
- Maureen Ryan successfully presented two papers at the 16th International Philosophy of Nursing Conference "Nursing in the 21st Century" September 10-12, 2012 Leeds, England. Her presentations were entitled, (un) disciplining the nurse writer, and, Global health in the nursing classroom.