July 2010

TouchPOINTS

Putting Scholarship Into Practice

NURSING UBC est. 1919

A Culture of Service

Sally Thorne, Director

In its new strategic direction *Place and Promise*, the University of British Columbia is challenging itself to expand its engagement with relevant communities and its environments for student learning. Toward this end, the university is buzzing with conversation about how to engage in what are referred to as "community service learning" and "community-based research." For the School of Nursing, this feels a bit like welcoming home an old friend. Instead of adding on new activities to our existing repertoire, this new strategic plan seems to have given a name and stature to what we've always done.

As befits the nature of the profession, School faculty, staff and students are decidedly committed to service. Our academic programs are taught using a model that integrates theoretical learning with practice engagement throughout. Students learn about the fundamental relevance of service learning from the day they arrive, and build their programs around both required and discretionary community-based learning opportunities.

School faculty play a significant role in the service of health care delivery. They provide guidance and advice to clinical units, train practicing nurses to support both students and new graduates, sit on committees and link our students to priority initiatives articulated by our clinical partners.

Our students and their clinical instructors work hard not to be "guests in the house," but fully functional and actively contributing members of the clinical facilities in which they teach and learn. Our program planning teams search for ways in which our students' academic work aligns with the current issues our practice partners are concerned with. Students aren't simply doing literature reviews to summarize what has been published, but are out there doing "synthesis projects" to produce an up-to-the-moment analysis of how best practices might be applied in these particular contexts and settings. Thus, as a sustained commitment in their clinical practice and their theoretical work, our students are being put to use in ways that matter to nurses in practice and to the health care system.

The UBC School of Nursing is committed to service. These four – (L-R) Clinical Associate Julie Lapinsky, Assistant Professor Craig Phillips, Lecturer Cathy Ebbehoj, and Adjunct Professor Irene Goldstone – represent just a few of our exceptional professional service leaders.

Similarly, our faculty researchers are not simply sitting in offices thinking great thoughts, but are out there in the trenches working alongside practice colleagues and delving into the most complex and messy of clinical practice challenges. Many of the faculty work directly with communities (whether they be geographic, social or communities of practice) to develop programs of study grounded in community-relevant issues, and also engage them as full partners in the research process. When our faculty investigate such theoretical notions as "social determinants of health," they are out on the streets, engaging with poverty action groups, working with public health nurses and meeting with community advocates in order to demonstrate nursing's unique angle on health issues. Often our faculty researchers serve as policy advocates for these community groups, ensuring that their experience is interpreted in meaningful ways and expressed in a language that policy makers can understand.

And then, as if they weren't already deeply engaged in service, our faculty, staff and students enthusiastically dive into fundraisers, charity events and volunteerism. I think it is safe to say that, for the School of Nursing, community engagement is not a new idea, but rather a way of life.

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New Faces in Research

Nursing Informatics and Sociotechnical Research

"I try to make sure that all my research has an interdisciplinary aspect," she says. "It's crucial to build something beyond yourself."

Leanne Currie

When asked about coming to UBC, Leanne replies, "It's funny because, as a diploma nurse, I used to think of UBC as quite a lofty and scary environment." Originally from North Vancouver, Leanne received her diploma from VGH where she then worked as a burn nurse before heading to California. Although her plan was for a five-year world tour of nursing jobs, she remained in California for 13 years working with burn patients, in ICU and then ER.

When a back injury created the opportunity to return to school, she completed her BSN, MSN and Doctoral degrees in just six years. "After my bachelor's I realized that I really needed a master's to do what I wanted, which was use computers in patient education." She had heard about informatics and phoned the program director at the University of California San Francisco. She'd been in the program for about a month when she knew that she had found the perfect field of practice. "It was so interesting and complex and had amazing potential for nursing," she says.

Leanne comes to UBC from Columbia University in New York, where she was part of several US National Institutes of Health informatics-related research projects including decision support using PDAs for NP (nurse practitioner) students, using technology to impart a patient safety curriculum, clinician information-seeking, interdisciplinary communication and decision support for fall prevention and antibiotic prescribing.

"It's great to come back to Vancouver" says Leanne. "The UBC School of Nursing has an amazing reputation internationally, and I have been really impressed with the calibre of the commitment to students, the level and scope of research and the institutional transparency."

"Informatics is the intersection of a base science, such as nursing, dental or medical science, with communication and information technologies. For me that means collaborations with fields like biomedical engineering or computer science." She has already made connections with other UBC researchers about how her clinical and technical expertise can ensure that technological applications are designed to enhance the realities of patient care and to support nursing practice.

While informatics is important to health care in many ways, much of Leanne's focus is on clinical decision support, which for her means designing at the back end, determining what the decision points are, and how they should be displayed to the clinician. The kinds of questions that guide Leanne's research involve problems like how to create prompts to remind clinicians to consider drug interactions, remember to update immunizations or check up on vulnerable patients.

With her new collaborators in biomedical engineering and medicine, Leanne has submitted a proposal for a program of health research involving use of a database of wound images. Biomedical engineers have invented a method of measuring the pH balance of wound fluids using a tiny sensor. Leanne's role will be to work out how to display the data to the clinicians so that both images and pH can be tracked to monitor progression over time. These systems have potential to greatly enhance wound care effectiveness in homes, acute care, long term care and in remote regions.

Leanne's research also involves what she refers to as "work flow analysis in sociotechnical systems." This involves understanding the culture of a health care unit or hospital and, based on that culture, determining how technologies can work to support important activities. A recent study on fall and injury prevention used data retrieval systems to document the effects of key factors.

"Fall prevention interests me" says Leanne, "because falls and related injuries have been identified as nursing-sensitive quality indicators, meaning patient outcomes that are directly affected by nursing practice. For example, with highly qualified care providers, patient falls decrease, which might be because well-trained baccalaureate nurses can identify predictors of falling and use their clinical judgment to plan fall and injury prevention care."

In terms of her clinical focus, Leanne sees herself as "domain agnostic" in the sense that she is not dedicated to any one population, but works on problems that can have wide applications. Her vision directs her toward collaboration across academic disciplines. "It's crucial to build something beyond yourself," she says. "If you ask someone from another field their perspective, it's quite surprising how different it can be."

Leanne's long-range plans include building a nursing informatics research community in the School. "Training the next generation is crucial" says Leanne, and she is eager to nurture that enthusiasm among students at all levels.

Leanne's expertise has already attracted the attention of service sector leaders who readily identify priority concerns that would benefit from informatics research. It seems that her enthusiasm for this field is rather contagious!

Raising the Bar

Men's Health: Not Just About the Men

"Humour allows people to break with the rules of what it means to be a man. Even if you're having a bit of a joke around the periphery, the core issues can still be there and you can still be engaged."

John received the CRNBC Excellence in Nursing Research Award.

John Oliffe's clinical background includes nearly 20 years of emergency room experience. In that environment, he became aware of the differences between men and women, both in how they presented their symptoms and in how the clinicians responded.

"I used to see a lot of blokes come in. They'd be diaphoretic, sweating, clutching their chest, yet denying pain. As time progressed, I found that there were a few linkages that weren't quite right."

He was intrigued, not just with men's health status, but in how they engage – or not – with health issues. As a nurse, John was interested in the characteristic gaps between knowledge and practice around men's health behaviours and clinical engagement in addressing those gaps.

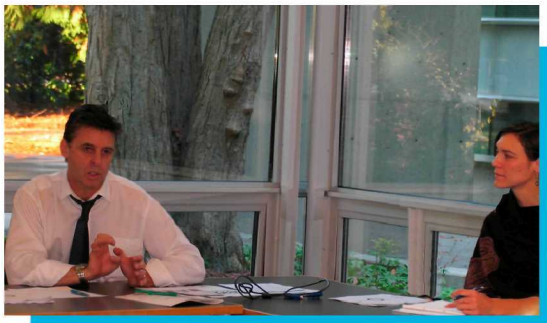
John completed his PhD in prostate cancer research, a choice related to seeing some of these gender dynamics firsthand as his grandfather died from that disease. "It was poorly handled in so many ways," he says. "You remember those kinds of experiences, and they drive you toward understanding."

His experience has driven him to investigate the theoretical notion of "masculinities," which he believes will be critical to coming up with appropriate solutions.

One of John's current projects is concerned with men's depression. For this study, he is not only studying the men, but is also interviewing their partners on the premise that depression inevitably has implications for home life and relationships.

He has also conducted fascinating studies of prostate cancer support groups. These are of particular interest because men who participate in such groups are "doing everything that we say men don't typically do," he says. "These guys talk about impotence, about incontinence, they engage with one another on intimate topics, and are highly invested in managing their own health. The uncharacteristic manner in which men behave within these groups makes me think we should pay close attention to how that works."

John's research demonstrates that part of what makes these groups really successful has been the use of humour to talk about the complex, and often sensitive, issues. "It's interesting how guys can use humour. A guy in the group who has prostate cancer can joke about it, but I couldn't talk about those issues in the same way. So I think it can work in those group situations and dynamics because contextually it helps to break with some of the seriousness and challenges of having a cancer and almost gives permission to talk about it. Humour allows people to break with the rules of what it means to be a man. Even if you're having a bit of a joke around the periphery, the core issues can still be there and you can still get engaged."



John sees knowledge transfer as a key responsibility of researchers. He firmly believes that you need to write about your research to strengthen your analysis. "If I try to write in a manner that represents an entire study of 50 guys who came to speak to me, it would be broad and superficial, because it has to be. So the more I dig down into the complexities of an issue, the better the analysis becomes. And I think that's a really worthwhile part of the enterprise because it leads to insights we can use in practice."

In April, John received the Excellence in Nursing Research Award from the College of Registered Nurses of BC. He recalls being quite surprised at how elaborate and emotive that event turned out to be. "I was startled that it would have that kind of impact on me. It was really impressive the way that the ceremony didn't favour any one group, but told the story of 30 nurses from across the full scope of nursing whose achievements were being highlighted in one night. It was very uplifting!"

Although John may be somewhat modest about his achievements, we at the School of Nursing are well aware of the significant potential of gender-based research for practical application in health care planning and delivery. We happily support the continued development of his research portfolio and are eager to find out what new insights he'll come up with in unravelling the age-old mysteries of gender difference.

Undergraduate Profile

The Journey

"That's one of the great things about nursing: there are so many opportunities right in the communities we live in. You can choose to work with any population and make a real difference!"

As Michelle Pan reflects on the steps that led to graduation from the BSN program, she thinks back to her childhood. "To a child," she says, "the world represents a living puzzle of mysteries, waiting to be solved." Michelle's journey toward nursing began with self-discovery and social awareness – two important pieces which have helped her start to solve her own life's puzzle.

In grades eight and nine, she volunteered at a summer daycamp working with inner-city children with mental disabilities. It was here she first started making decisions regarding conflicts and potential hazards, and then implemented strategies involving prevention, recognition and resolution.

In the summer of 2007, when the Vancouver city workers went on strike, Michelle found herself unemployed. "I perceived the situation as an opportunity, along with fellow peers, to form a club powered by our volunteer experience that would promote inner-city outreach and awareness."

"We experienced firsthand the significance of compassion, connection and communication every Friday night as we completed a food distribution route in the downtown core."

Michelle recalls how many of the people they encountered shared their life histories and talked of their hardships. A particular case stands out in her memory of a woman who seemed troubled. "I offered her warm tea, and in return she offered a brief, but emotional, confession. She was an alcoholic who 'did not want to be this way.' She made a special request: a hug. I could not deny her this simple act."

This case stays with Michelle, because it reminds her of the impact that direct and personal involvement, as simple as a hug or a smile, can have.

"I realized that I wanted to be in a profession that involved interacting with people, caring and providing for those in need and lifelong learning." Volunteering at Mount St. Joseph Hospital and "job-shadowing" a nurse practitioner solidified her commitment to a career in nursing. "The all-encompassing aspects of nursing appealed to my wide-ranging interests in psychology, counseling, human biology, pathology, literature and education. I knew that my genuine concern for the welfare of humanity would be complimentary to this profession."

With all the options available to her, Michelle had little trouble deciding on UBC. "I chose UBC because of its stimulating and challenging academic learning environment," she says. "I was impressed with its dedication to research and the strong partnerships with communities."

Michelle (centre) raises campus awareness of health care issues during National Nursing Week, 2009.

The BSN program at UBC is intensive, leaving little time for extracurricular responsibilities. Despite this, Michelle has shown leadership on a number of levels including her involvement as co-president of the Nursing Undergraduate Society (NUS) and the School's representative in the Health Sciences Students' Association (HSSA).

HSSA is the student organization of the UBC College of Health Disciplines, consisting of students from such disciplines as clinical psychology, nursing, dentistry, food, nutrition and health sciences, human kinetics, medicine, midwifery and social work. Its mandate reflects the understanding that in order to improve the ultimate quality of the health care they aspire to deliver, students must learn to respect one another's knowledge and understand one another's unique role.

As the nursing representative, Michelle helped to promote nursing and create understanding of the role of nurses. "We would volunteer at schools to introduce aspects of nursing. For instance, we employed the 'Do Bugs Need Drugs?' campaign as a part of the health teaching at Health Together Day."

"The interdisciplinary activities we engaged in with HSSA really gave us the chance to challenge the stereotypes and misconceptions that have built up in our professions and the opportunity to think about how we can address these issues and begin to mediate change."

Upon completion of the program, Michelle has lined up a position in acute medical nursing where she will work at both St. Paul's and Mount Saint Joseph Hospitals. She will be located on the hospitals' medical wards and is excited about the diverse populations she will be exposed to.

Over the course of her nursing studies at UBC, Michelle has developed a special interest in addressing the complex needs of our aging population which is well represented in those medical units. "There is a real need there for improved health care" she says. "I never thought I would develop a passion for working with that population, but that's one of the great things about nursing: there are so many opportunities right in the communities we live in. You can choose to work with any population and make a real difference!"

Graduate Profile

A Force for Change – Ensuring Opportunities for First Nations Communities

"It's not just for my community -- I've been to so many reserves across the country and everyone is having the same struggles. There may be different languages, issues and barriers, but we're all in the same place."

Tania Dick, an MN-NP (nurse practitioner) graduate from the class of 2010, began with a vision not only for her own future, but for that of First Nations people. Her mother, Mary Macko (BSN'84), was the first known nurse of First Nations heritage to graduate from the UBC School of Nursing and was a huge inspiration to Tania. Mary taught her daughter that education is key to the progress of her people, and Tania has made it her mission to continue to share what she has learned.

Tania practiced as a registered nurse for six years in First Nations communities before coming to UBC to enter the NP program. Much of her practice has been in the community of her father's people – Alert Bay – and that of her mother – Kingcome Inlet.

"This was one of the biggest reasons I went to get an education," says Tania, "to help with the health care status and the issues at home. We depended on people flying in once a month, and it just wasn't meeting our needs. Sometimes in emergencies we couldn't get people out of the community for two or three days. I actually had someone die in my arms because we couldn't get them to a hospital."

The NP program has not only provided Tania with a wide range of competencies consistent with the increased scope of nurse practitioner practice, but it has also helped her articulate her responsibility. "The program gave me an appreciation of the bigger picture, and the understanding that I can't walk this journey alone. Nothing is going to change, no matter how hard I work or how many degrees I get, until we start coming together. Not just the community, but all the stakeholders need to be at the table, and until that happens I don't think we'll see changes."

Tania's vision is in capacity building. "We need more First Nations nurses," she says. "Education is the key to escaping the poverty and issues we face." She identifies one barrier for First Nations students in pursuing higher education; the content does not reflect who they are. For example, it may address their interest in information but at the expense of the spiritual parts of their existence. Sadly, after a week or a month, far too many First Nations students drop out. Changes are needed to ensure that First Nations students don't have to hide their spirituality in order to access learning.

Tania and her mother, Mary, at the graduation ceremony in June

When it came to choosing a topic for the final essay in her NP program, Tania knew she wanted an aboriginal focus. Her mother had taught her that education was the key starting point, so she decided that she needed to explore how to create culturally safe environments not only for First Nations people, but for all cultures, to be successful in higher education.

The paper became a self-reflection for Tania. "Just being able to articulate it has been crucial, and I know I'm going to use that same message and build on it wherever I can and try to be a good role model for other First Nations people. I will show them it is possible. There may be barriers, but you can get over them."

Tania's ambition for change has led her into the sphere of advocacy. "We talk about the Indian Act," she says, "and it's still in effect today. That really pushed my buttons, and that's when I really started getting involved on a federal level. I needed to find a way for First Nations health care professionals to create change in policy."

Working with the BC Nurses Union. Tania helped create the Aboriginal Leadership Circle. She's also getting involved at the national level with the Aboriginal Nurses Association of Canada and is the regional representative for the Native and Inuit Nurses Association of BC.

"I think my next focus is going to be in creating curriculum changes," says Tania. "The BC Nurse Practitioner Association reported this year that about 20% of NP services are provided to First Nations people directly. I hope to work with the NP program faculty to help build new curricular strategies for supporting First Nations nurses within the program and all nurses engaging with First Nations clients."

For the next couple of years, Tania intends to practice as an NP and consolidate her knowledge. She has a position lined up in Bella Bella. "I know they have a lot of work to do, but hopefully I can have some impact on creating changes in the system, so the services we provide can change the statistics."

Clinical Practice Innovation

Caring for Chronic Disease from an Upstream Perspective

"Healthy living benefits the whole nation. I really feel lucky to be doing this kind of work."

Maylene Fong (BSN '84, MSN '06) is an adjunct professor in the UBC School of Nursing who works for Vancouver Coastal Health in Home and Community Care in the dual role of clinical practice leader and manager of a healthy living program – a new program looking at population health and health promotion in adult populations. Maylene's focus is on chronic disease prevention and management and how health care providers can care for these patients and help them manage their conditions.

"I'm lucky to be managing a healthy living program," says Maylene. "It's a brand new program, funded by the Ministry of Health, to look at health promotion for adult populations. We have opportunities to really focus on what's needed to institute health promotion in populations at risk for chronic disease and develop strategies and programming."

As she was putting this program together, Maylene became aware of an opportunity to apply for a research grant from the Public Health Agency of Canada. The research was to test the CANRISK tool, which assesses or pre-screens for diabetes and provides awareness and interventions to delay or prevent onset of the disease. It was an opportunity to have BC representation in this Canada-wide research.

Maylene and her team were successful in obtaining this grant. "After approval, we developed our research and put out a call for study participants. We were looking for populations known to have a higher prevalence of diabetes, such as those from Southeast Asia or Latin America, as well as people who met the general risk criteria of being over 40, overweight or with family history."

Maylene's research team gathered information using the CANRISK and participants received blood tests for diabetic or prediabetic indicators. While working on this research it became clear that high-risk individuals and groups had limited knowledge of their risks of developing prediabetes or diabetes and thus, her team was able to refine their understanding of the potential for prediabetes work. "It takes seven to ten years for diabetes to fully develop," explains Maylene, "so catching people early can delay the onset or prevent it altogether if they make changes in their lifestyle."

Maylene (front left) volunteered on the medical team during the Vancouver 2010 Paralympic Games

From these findings, her team has now developed programming. "If there's enough need, we can begin to develop programming for targeted populations. And what's unique," she says, "is that we have the opportunity to develop programs specific for those at particular risk in their own language."

Maylene sees working on health promotion as a really exciting opportunity for nursing to make a major difference in population health. She is a strong advocate for the "upstream approach," catching illness before it happens, helping individuals with healthy living and supporting populations to relate differently to their health.

The diversity inherent in Maylene's program of practice and research greatly enriches the educational mandate of the School. For example, this year she has provided scholarly support for Dr. Liudmila Miyar Otero, a postdoctoral nursing fellow from Brazil, who is spending the year at UBC studying with faculty. Liudmila has been instrumental to the research team in facilitating connections with the Spanish-speaking population locally and is gaining valuable knowledge that will have direct application to enhancing the Brazilian diabetes care system on her return home.

Maylene believes that working "upstream" must be a priority focus for our health care dollars. "In the news we hear about obesity, chronic disease and diabetes, which are all preventable. Our team's focus is on policy and engaging our partners, not only in just the health care system, but also in community centres and non-profits. Together, we can find strategies to reach those high-risk populations."

In her ongoing search for solutions to chronic disease, Maylene struggles with important questions relating to nursing's role with those who are already affected. How can we best support people living with chronic illness to ensure that they maintain independence and quality of life? What are the best ways to support self management? And how can we capitalize on even brief encounters to ensure we make a meaningful difference?

The more she is involved in the field of health promotion, the more promise Maylene finds in it. "Healthy living benefits the whole nation," she says. "I really feel really lucky to be doing this kind of work."

Development

Partnering – to Relieve the Pain

"Perhaps when there are enough practitioners doing things to support those with chronic pain, the policy makers will take notice."

Rick Lowe

Rick Lowe, a computer science alum from the class of 1982, travelled from his home in California this May for his daughter Angelia's UBC convocation.

Rick still feels a strong connection with his alma mater, so when he and his spouse Nina (affectionately referred to as Nini) had talked about leaving a legacy they thought UBC would be a perfect place. They had been talking long-term, he says, "because we had thought we would live forever." Sadly, a car accident in August of 2005 took Nina's life, and put plans in motion much sooner than expected.

Prior to that tragic event, Nina Harris-Lowe's health had been declining since about 2000, when she first developed signs of fibromyalgia, a disease characterized by chronic widespread pain. "After she passed," says Rick, "I wanted to do something that would help others who might be afflicted or suffering from chronic pain. They are kind of like the forgotten people."

There was little help for Nina within the health care system. Most times, he explains, the doctors didn't understand what was happening to her and it was quite some time before one finally proposed that it might be fibromyalgia. But even with a diagnosis, little could be done to help with the symptoms and nothing for the disease itself. That was a wake up call for Rick--that leadership and pressure from patients and families was needed to encourage the right kind of attention from those who design health service systems.

Through a series of conversations, Rick became aware of patient-focused research by Dr. Sally Thorne and others at the UBC School of Nursing that had documented a misalignment between what health care systems offer and what chronically ill patients really need. Rick was impressed with the enthusiasm of the nursing faculty for generating knowledge to make a difference in the lives of those with debilitating pain and chronic conditions. He wanted to play a role in supporting the spirit of solution-finding in the next generation of nursing graduates.

In collaboration with the School of Nursing and the UBC Development Office, Rick has now established the Nini M. Harris-Lowe Memorial Prize in Nursing. The prize will be awarded annually to undergraduate or graduate students in the School of Nursing who have demonstrated excellence in clinical innovation or in the development of improved methods of care and treatment for patients in the community who suffer from debilitating chronic illness or pain.

Through this legacy, Rick hopes to inspire others to help these people who are not able to participate fully in the life they'd like to. "Our society and our medical system aren't set up to deliver that," says Rick, "but perhaps when there are enough practitioners doing things to support those with chronic pain, the policy makers will take notice."

He also hopes that his contribution will shine a light on diseases like fibromyalgia, so that other like-minded individuals might step forward and contribute if they can. If people affected by fibromyalgia work together and talk more forcefully and from a political standpoint, then maybe governments will respond with real system changes. Until then, he says, individuals have to take action. "If you add a drop of water to a big ocean, you're not going to get a big difference," says Rick. "But if you can add a drop of water to a little thimble, you can help. So that's what I'm trying to do, and hopefully in my lifetime we'll see that together, some big changes can be made."

"It seems to me that nurses would be the best audience for my message," says Rick. The School is honoured to take up that challenge in Nina's name.

Remembering

Dr. Mary Regester, Senior Instructor Emerita of the School, died on June 16, 2010. Mary was a genuine "character" in nursing education and contributed a distinctive and forward thinking perspective to the School during her 21 years on faculty and in retirement.

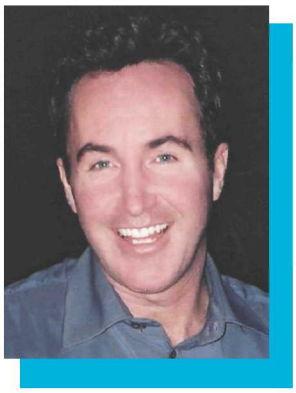
A champion of epidemiological approaches to understanding trends in the health of populations and informing public health strategies, Mary was opinionated, intelligent, and had a talent for the creative arts. She was tenacious and irrepressible, and will be missed by her network of colleagues and friends.

Tributes in Mary's honour sent to the UBC School of Nursing will be designated to the Lyle Creelman Endowment Fund in Public Health (#E4728).

The School has also learned of the death of **Ada Ponsford Butler** (BASc(N)'50 and MSN '71), Assistant Professor Emerita of the School, on May 16, 2010. Ada joined the faculty in 1972 and played a major role in the public health and family health components of the undergraduate curriculum until her retirement in 1988.

We remember both Mary and Ada with affection and gratitude for the role they played in inspiring a generation of nursing students.

Final Touches



The School of Nursing welcomes Kieran Murphy as our new Development Officer

As the new Major Gifts Officer for the School of Nursing, I hope to make some great connections with the School's many wonderful alumni and friends. I've attended several School events, and can already see that this is an active community with a strong sense of responsibility for nursing and health care.

I look forward to connecting with you, and facilitating the process through which your giving will ensure that the legacy of UBC Nursing excellence continues with the next generation of nurses, investing in the future to provide quality health care for generations to come. There are as many needs for your generosity at the UBC School of Nursing as there are ways to manifest your philanthropy. You can support a myriad of pressing needs to advance nursing scholarship by supporting students, faculty, facility, or programs.

In that vein, I am delighted to report that the BSN Class of 1958 has successfully created an Emergency Nursing Fund that is presently valued at $34,000. This fund will be used to assist current nursing students who are experiencing unforeseen hardship, allowing them to continue their program without interruption. What an inspiring example of fellow graduates pooling their resources to make a marked impact for future nurses!

Another exciting and laudable initiative is a new fundraising goal to honour the retirement of Adjunct Professor, Irene Goldstone, from her current position as the Director of Professional Education and Care Evaluation at the BC Centre for Excellence in HIV/AIDS at Providence Health Care. Irene is an historian, an educator and a leader. She is a strong advocate for persons living with HIV/AIDS, and a committed mentor to nurses and other health care providers and her accomplishments have been influential and highly regarded in the HIV and nursing communities. Irene is an inspiration, which is why her colleagues and friends wish to honour her by creating "The HIV/AIDS Social Justice Endowment Fund." The goal is to create an endowment in perpetuity to provide an annual award that will support a graduate nursing student to advance issues related to social justice and HIV/AIDS. To show your support please visit www.supporting.ubc.ca/hivaids.

I look forward to assisting any of our alumni or friends of the School who wish to make an impact on the future of nursing in British Columbia. Please feel free to contact me to answer any of your questions regarding gifts to UBC Nursing:

Kieran Murphy, Major Gifts Officer
604-822-1234, kieran.murphy@ubc.ca

UBC Alumni Achievement Awards Celebrates Glennis Zilm

Join us this fall to celebrate distinguished nursing alumna and dear friend, Glennis Zilm, winner of the Blythe Eagles Volunteer Leadership Award. Each year UBC proudly recognizes accomplished and celebrated individuals at its annual UBC Alumni Achievement Awards. Award winners come from diverse backgrounds and disciplines of study and never fail to inspire us all and make UBC proud – we hope to see you there. **http://www.alumni.ubc.ca/events/awards**

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