

# TouchPOINTS

UBC

## School of Nursing

PUTTING SCHOLARSHIP INTO PRACTICE

## Preparing the Next Generation

Dr. Sally Thorne



### Contents

- 1 Preparing the Next Generation**
- 2 Raising the Bar**  
One Stop Shopping for Health
- 3 Advances in Research**
- 4 Development**  
A Passion for Public Health
- 5 Undergraduate Profile**  
Thinking Globally, Acting Locally  
Three Generations
- 6 Graduate Profile**  
Sustaining Social Consciousness
- 7 Teaching Excellence**  
The Glorious Complexity of Aging
- 8 Clinical Teaching Innovation**  
Simulating Practice Reality

It is well recognized that Canada faces a significant challenge as the current generation of senior nurses retires over the coming decade. At the UBC School of Nursing, our faculty members take such demographic factors into serious consideration as they review our collective priorities and set our organizational targets for the coming years. What we recognize is that the UBC School of Nursing will play a particularly important role within the province and the country by creating the conditions under which a wide range of nursing programs can continue to prepare new nurses. Among the key factors ensuring the continuation of nursing workforce renewal over this period will be a sufficient supply of qualified nursing educators to prepare that next generation of nurses and nurse leaders.

In the current context, nurse educators with various types of educational preparation and role definitions will be needed, and the School is well positioned to play an increasingly important role across that diversity. Clearly, the system will require an army of clinical educators—nurses who are proficient in clinical practice and also competent in the complex art of facilitating clinical learning. Our master's program, which permits graduate students to place a special focus on nursing educational

skill development, is constantly evolving to meet this need. We have been offering a specialized focus in nursing education to graduate students both on the Lower Mainland campus and in the Interior Health Authority through our collaboration with Thompson Rivers University (formerly University College of the Cariboo) in Kamloops. We are also working closely with our partners in Vancouver Coastal and Fraser Health Regions to create new and exciting initiatives in clinical education within those health authorities. We see a continued need for expansion of our capacity to prepare highly skilled nurse educators at the master's level. *continued on page 3*



*Colleagues Marion Clawson and Kathy O'Flynn-Magee have played a leading role in developing nursing education initiatives within the MSN program. Here they celebrate Kathy's Award of Excellence in Nursing Education from the College of Registered Nurses of BC.*

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# Raising the Bar

## One Stop Shopping for Health

At this clinic you want people talking about you behind your back. The UBC Health Clinic opened its doors this March to a new way of health care. “We’re excited to launch one of the first models of inter-professional health care education in the province,” says Dr. Christie Newton, Assistant Professor of Family Practice and Clinic Director.

The clinic was developed in collaboration with program leaders in medicine, nursing, midwifery, family nurse practice, rehabilitation sciences, pharmacy, counselling and a range of other partners. “The James Mather Clinic started in the 1960s as a training ground for medical residents,” says Gloria Joachim, Associate Professor and Program Coordinator for the Family Nurse Practitioner Program in the School of Nursing. “The committee for the UBC Health Clinic had the vision of expanding the original clinic to include not only family practice but other health disciplines as well. We are creating an environment in which various disciplines can communicate with and learn from each other, together.”

Patients of the UBC Health Clinic have access to a variety of primary health care providers. There are 15 practicing faculty members and over 45 health care providers-in-training. Consultation is available from pharmacists, a

behavioural medicine practitioner, and family physicians, while primary care is offered by family practice residents, a family nurse practitioner, midwives and others. Greeted by a receptionist well-versed in the roles and skills of the various disciplines, patients are matched with the appropriate specialist for the particular concern. “If any of the specialists who see the patient are unsure, they can consult with the supervising physician or other specialists in the clinic to help reach the correct diagnosis,” says Gloria. “This primary care clinic is the storefront of health care.”

As a new initiative in professional practice education, the UBC Health Clinic offers many opportunities for trained and training professionals from a variety of disciplines to learn about, with and from each other. “The person who knows the most about a particular subject is the one who takes the lead,” says Gloria. “We are continually learning what

each other does and what our strengths are, and we collaborate from the ground up.” Each Wednesday a different health professional makes a presentation. Presenters have included residents, nurse practitioners and faculty members from the School of Nursing.

It is well-known that British Columbians need increased access to health care and nurse practitioners can help meet that need. “Nurse practitioners put a great emphasis on health teaching and health promotion,” says Gloria. They have legislated authority enabling them to independently diagnose and treat diseases and to prescribe medication.

“The opening of this clinic means a lot to me because it shows that nurse practitioner practice is valued,” says Gloria. “We’re on the cutting edge here because we are privy to the pressing issues and needs of people. Because of our primary access to patients, we are able to anticipate the future concerns of clients and share that information with our respective faculty members in the academic setting.”

Currently, faculty and students in this clinic work, learn and teach in a participatory model and there is much room to grow. The clinic is keen to have more family nurse practitioner students, and to use this as an opportunity to role model the family nurse practitioner role in its full scope of practice.

The UBC Health Clinic is accepting new patients. If you would like to be treated by an entire team of providers contact 604-822-5431. You may also visit the website for the Faculty of Family Medicine at [www.familymed.ubc.ca](http://www.familymed.ubc.ca).



*Dr. Christie Newton, Rebecca Hardwick, Gloria Joachim and Kathie McArar work together with others at the Health Clinic to provide comprehensive health care to each patient.*

*The May 2006 graduating nurse practitioner class. Sarah Williams (MSN '06) is front row on the left—see ‘Three Generations’ page 5.*



# Advances in Research

Dr. Susan Dahinten, Assistant Professor, is an example of one of the School of Nursing's exciting new researchers. Her passion is early childhood development, and she believes that the health of a society is linked to the quality of attention and care paid to its youngest members. "The aim of my research is to contribute to a better understanding of the social determinants and processes of child development, and to enhance public health efforts at identification, intervention and the prevention of developmental problems," says Susan.

While nurses have always played a leading role in individual care and early detection of health problems, Susan believes that it is timely for nurses to engage with other child development specialists in a population-focussed approach to fostering the health and development of young children. "Nurses are in an ideal position to assess and monitor young children's development, to assist families to support the healthy development of their children and to ensure that families are connected with appropriate services," she says.

A graduate of UBC Nursing's doctoral program, Susan held a faculty position at the University of New Brunswick for three years before

returning to the School as a faculty member. Since her arrival, Susan has developed a program of research involving multidisciplinary and multi-site teams. "There are strong and well established relationships between education and health. School readiness (a child's ability to take advantage of learning opportunities in school) is currently understood to encompass physical well being, motor development, emotional health and social competence, in addition to language skills, general knowledge and cognitive skills."

As a testament to the importance of the role she plays in developing new statistical techniques for doing this complex population-based research toward improving the health status of children, Susan has recently become



Dr. Susan Dahinten

one of the School's newest recipients of the prestigious Michael Smith Foundation for Health Research Career Investigator Awards.

This award will provide substantial support for a six year period so that she can maximize the development of this body of knowledge development as part of the MSFHR funded Child and Youth Developmental Trajectories Research Unit. She will also guide a new generation of graduate students in learning the complexities that this kind of research entails. The School is proud of its capacity to support the incredible contributions that scientists like Susan make to knowledge that can truly help protect the health of young children and other vulnerable populations.

# Preparing the Next Generation

*Continued from page 1*

In addition, the School of Nursing remains one of the country's leading sites for doctoral education in nursing. The doctoral program builds upon the advanced skill sets with which its students enter and provides them with a comprehensive understanding of nursing science and the capacity to develop and lead an outstanding program of scholarship within the discipline. Doctorally prepared nurse educators will be the core of the academic development of nursing throughout the system, contributing the academic leadership required to ensure a wide base of strong nursing educational offerings across the province and the country.

Working together, these various kinds of nurse educators will be the foundation upon which we build the nursing "safety net" for our future. The School of Nursing is proud to remain at the forefront of anticipating the needs of the population, analyzing the challenges in all of their complexity, and identifying its unique leadership role in solving problems. In the current context, we see a strong focus on the scholarship of nursing education as among our highest priorities.

*Inez Jasper (BSN '06), a nursing leader of the future, honoured her First Nations heritage during her convocation address to the graduating class on May 30, 2006.*



# Development

## A Passion for Public Health

Monica Green, RN, MPH, (1917–2004) was a dedicated health care professional who helped create one of the first post-hospital home-care programs in Canada while she was Director of the Provincial Public Health Nursing Service. She was also President of the Canadian Public Health Association (CPHA), was made a Fellow of the American Public Health Association and received an Award of Merit from the BC branch of the CPHA for her contributions to public health services and public health nursing.

“An outstanding contribution that came about under Monica’s direction was the introduction of research studies to help clarify the results of public health nursing activities,” says Glennis Zilm, Honourary Professor, UBC School of Nursing. “It was no longer possible to measure results of public health nursing simply through reporting the statistics on communicable disease, and public health work had become a team affair, including more physicians and social workers, school counselors, and psychiatrists. So the department instituted a series of small studies to measure the effectiveness of nursing visits.” The results of these studies, included in Monica’s book, *Through*

*the Years with Public Health Nursing*, published in 1984, showed that the public health nurses had met their objectives and that their work was effective.

Among her many legacies, Monica’s book is one of the best documented histories of public health nursing in Canada. Another of her legacies is the Monica Mary Green Fund that she left as a bequest to the School. This fund will provide support to develop new research initiatives by UBC nursing graduate students and junior faculty members in public health in any of its forms including screening, early intervention, disease surveillance, health promotion, disease prevention, fostering self care and community empowerment.



*Monica Mary Green (nee Frith) passed away in Victoria on December 28, 2004.*

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**The Inaugural Monica Mary Green Fund research award will go to MSN student Lyle Grant for his qualitative study of what influences smoking behaviour among community-dwelling persons with severe and persistent mental illness.**

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## Now You Can Donate Online

Please help ensure high quality education for the next generation of UBC nursing students by making a gift to the UBC School of Nursing. Whether you’re interested in clinical instruction, research, student support or international nursing initiatives, the School needs your support.

For your convenience, it is now possible to get more information and to donate online at [www.nursing.ubc.ca](http://www.nursing.ubc.ca). You will find details about areas where financial support is needed. Click on the DONATE button to get to the donation page.

If you are thinking of making a special gift to the School such as an endowed professorship, student scholarship or bursary, or the purchase of equipment,

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To find out more, or to have a confidential discussion about making an estate gift to the School, please call Cheryl Stevens at 604-822-1232.



# Undergraduate Profile

## Thinking Globally, Acting Locally

Before we reach the nursing station where the interview will take place, Nashreen Dhalla, BSN '06, has been stopped and warmly greeted by three clients of the day health program at the Dr. Peter Centre. With each, she offers undivided attention, a smile and some kind of human touch.

Some of these faces are familiar to Nash, who spent nine years working in the Downtown Eastside as a TB outreach worker before returning to UBC to obtain her baccalaureate degree in nursing. "I had reached the cusp of what I could achieve," says Nash, "so it was a logical progression to apply to the advanced standing program at UBC. The program would offer me the skills needed to better serve the community in the DTES."

With an undergraduate degree in international development from the School for International Training in Brattleboro, Vermont, Nash traveled to and worked in Zimbabwe and India. Her experiences created a keen awareness of the broader health issues and have enhanced her passion to think globally but work locally.

"I'm Canadian, I live in Vancouver and there are communities right here that need help. We need to take care of our fellow citizens."

Because Vancouver is home to such an industrialized society, Nash knows that many in the city do not "see" people below the poverty line, and couldn't imagine that tuberculosis, for example, is still an issue today, or that some people deal with the dual diagnosis of mental health issues and addictions. "If we take care of our most marginalized in society, then I believe the rest of society gets taken care of as well," says Nash. "By supplying help to the lowest common denominator it helps everyone."

During an elective clinical course toward the end of her BSN program, Nash had the opportunity to travel to South Africa and work with communities that have a high incidence of HIV/AIDS. Had it not been for fundraising and financial support, Nash, along with fellow student Sarah Rhode, would not have been able to take advantage of this incredible learning opportunity. "It broadened my scope and recharged my batteries to come back to Canada and do the work needed here."

Currently, Nash works in three areas. Her role in the Day Health Program at the Dr. Peter Centre comprises pain consultation, medication support, harm reduction services, and health education for people with HIV/AIDS and addictions. She also works part time as a community health nurse with the Vancouver Coastal Health Pender Clinic, and on the 10C HIV ward at St. Paul's. "As a new nurse



*"Supportive health care" is a phrase used often by Nash, seen here in the nursing station of the Dr. Peter Centre, who describes it as empowering people to participate in their health care. "Why not create a team around people that empowers them to take care of themselves?" says Nash. "Let's help them buy into their own health care, build their self-esteem, and help them believe they are worthy of things like good housing."*

I need to have hospital experience to solidify my skills," says Nash. "I'm focusing on TB and HIV/AIDS—that's my passion—but I need to be aware of the in-hospital side of nursing too."

Nash says the BSN program at UBC has given her the tools to effect positive change in the communities she works with. "I wouldn't have thought of being able to change policy before coming to UBC," she says. "I didn't even think I'd be going back to school and now I'm thinking of doing a master's in public health!"

For members of the communities in which Nash works, this is welcome news indeed! For the School, Nash offers an outstanding example of new graduates taking their scholarship and putting it directly into practice.

## Three Generations

May 30, 2006 marked the graduation of the third generation of nurses in Sarah Williams' family. Her grandmother, Violet Porter (UBC Public Health Nursing Diploma, '38), worked in the burn unit and surgical unit at Vancouver General Hospital before becoming the first public health nurse in Nanaimo, BC. "She worked prior to the introduction of antibiotics and was instrumental in moving nursing

forward in terms of being recognized as an autonomous, respectable profession," says Sarah.

Sarah's mother, Anne Williams (BSN '65), worked as a public health nurse for 35 years in Vancouver and on the Island. Anne won the Sterling Award for her service to the Nanaimo community in her position as Director of Central Vancouver Island Community Services for Infants, Children, Youth and Family.

"My mother and grandmother are true advocates for families in the community and believe everyone has a right to the determinants of health," says Sarah. "I feel confident moving into the family nurse practitioner role because nursing is in my genes. I know that both my grandmother and mother were pioneers in their nursing careers, and that I can always look to them for advice and support."

# Graduate Profile

## Sustaining Social Consciousness

Darlene Pankratz, MSN '06

A full-time sessional faculty member at Trinity Western University, Darlene teaches senior nursing undergraduates to find and share creative ways of communicating and working with patients. “My enthusiasm around creativity in the classroom stems from the fact that we have different types of learners,” she says. “We need to use different learning strategies to accommodate all students. Creativity expands the students’ ability to see new ways to intervene in health care, and their own personal use of creativity helps them cope with the stressful demands of nursing.”

One such strategy is the annual practicum in which some of Darlene’s students participate. As part of their community health course, some students have the opportunity to go to rural areas of Guatemala to share health promotion strategies in elementary schools and health fairs. “During my career I’ve seen examples of marginalized care in our health care system for people who may have a different ethnicity, world view or culture, and for people who may speak a different language,” says Darlene. “When students are placed in an international setting they become the minority and receive a first hand learning experience in that role.”

As part of the final scholarly project to complete her master’s degree, Darlene became interested in learning more about the dynamics of international learning experiences within nursing education.

With principal-investigator Dr. Sheryl Reimer-Kirkham, she has now embarked on a new project to examine what it is that causes learning within an international setting and what causes a student to sustain that social consciousness once home.

“These students go through a transformational experience,” she says, “and without any intervention once they’re home, the transformation tends to fade. Everything comes at them and they need some time once they’re home to process what they’ve been through, read through their journals and reflect on the experience. Our research is considering what may influence sustaining the transformation and promoting involvement in social justice issues here.”

Returning to school to obtain her master’s degree in nursing opened Darlene up to a new world of nursing and health care

research. While an emergency room RN at the UBC Hospital, Darlene had found herself drawn to research articles but felt frustrated that she couldn’t completely grasp the language of research and understand how and when to apply the findings. “There’s so much out there to find out about,” she observed. “I began to understand just how close nurses were to the front line and how much of an opportunity we have to make changes to policy.”

During her time at UBC, Darlene received the Hamber Scholarship in Nursing and the Grace Torchy Stewart Adamson Memorial Scholarship. As she recalls, the support of such scholarships made a significant difference in her ability to accomplish her goals. “These awards came at a tremendous time of need for my family, and they gave me encouragement to continue.” With two children in a close-knit family, Darlene felt the pressure associated with taking time away from her children to devote to her studies. However, as the smiles on her children’s faces at graduation proved, there is no doubt they are proud of their mother’s decision! The School of Nursing is inspired by the accomplishments of its graduates as they apply their newfound scholarly and professional skills to new strategies with which to strengthen the profession.



*Left: Darlene and her children at convocation, May 30, 2006 (her daughter in the mortarboard).*

*Right: “For me, being a nurse educator means passing the torch but also giving an idea of how diverse nursing is,” says Darlene, shown here with students in Guatemala. “I love nursing. It’s challenging and it can push me beyond my limits.”*



# Teaching Excellence

## The Glorious Complexity of Aging

Within the first five minutes of class, Dr. JoAnn Perry, Associate Professor, polls her “Nursing Care of Older Adults” class for examples from their own lives related to the day’s subject of dementia. She acknowledges each response and incorporates what the students offer into her lecture. This level of engagement helps her students relate the material to their own lives and experiences and, in so doing, expands their views of older adults and their care. “I know our students have the capacity to make changes,” says JoAnn, “and if care will improve for our elderly it will be because we have a critical mass of nurses who are well educated about older adults and able to make change based on knowledge, not myth.”

This earnest enthusiasm for expanding the knowledge base and practice passion of her students contributed to JoAnn receiving the 2006 UBC Killam Teaching Prize—an honour awarded to UBC faculty members who have been nominated by students, colleagues and alumni/ae. “I am truly honoured by this,” says JoAnn, “in part because I see nursing as a practice profession so when we teach we have to be able to make the whole idea of practice visible in the classroom in a meaningful way.”

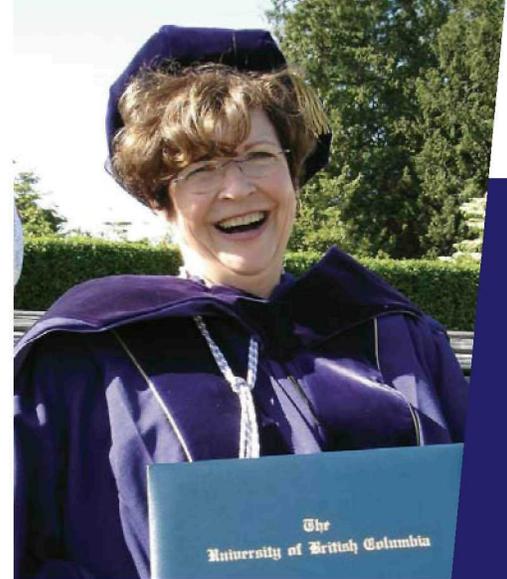
JoAnn’s passion for the field of gerontology grew during her early teaching days when she discovered the clash between clinical and theoretical realities as they affected this critically important population. “For many years I had a joint appointment with the School and the Vancouver General Hospital,” says

JoAnn. “My office was in Purdy Pavilion (an extended care facility on campus) so I got to know the patients, staff, residents and families very well.” This intimate connection allowed JoAnn to share practical knowledge and theory between the classroom and the clinical setting. She discovered that what was being reported in the literature on dementia in older adults didn’t match exactly with what was happening in the clinical setting.

The caregiver literature seemed predominantly directed toward caregiver burden. “Without a doubt there is burden,” says JoAnn, “but the experience is also filled with commitment, family and cultural values, and pure and simple love and devotion.” As she began studying the role of care giver she began to see the unique relationship that exists between the ill family member and the one giving care. “This person is more than a caregiver,” says JoAnn. “This person is also a daughter or a wife or a brother.”

As people age they become more and more complex—a truth JoAnn tries to impart to her students. “I love aging!” says JoAnn, “and we really have to refine the notion of nursing as collaboration with the elderly. This has to come through what we teach nurses today. Ten babies will more often than not be much more alike than 10 older adults. There is so much to learn and to know about communicating with and giving care to older adults.”

Throughout her years of teaching, JoAnn has developed a number of techniques to engage students in the subject matter. “I expect myself to be organized, prepared and to approach each subject with an open mind,” she says, “and, I expect that from the students as well. I want them to be open to hearing what is being said so they can truly think about it, accept it or challenge it.”



*Dr. JoAnn Perry, recipient of a 2006 Killam Teaching Prize, at convocation, May 2006.*

JoAnn’s goal is to balance theory and practice, to bring research into the classroom and to bring theory into the practice. “Each week I set a clinical goal in the class.” The clinical instructors and students take that goal, based on the weekly lecture, into their clinical placement. “During the next class we can talk about how the theory played out in operation. The integration is really important.” JoAnn hopes her students learn how to expand their own repertoire of skills to communicate with people who have dementia in order to make their lives richer.

“If we could, as a society, be more embracing of aging than thinking of it as dysfunctional and sick then there wouldn’t be such a strong desire to deny it,” she says. “Let’s look at the knowledge and wisdom that comes with aging and not be afraid.”

The School wholeheartedly congratulates JoAnn on her 2006 Killam Teaching Prize and looks forward to a future of nurses highly-skilled in the realm of gerontology and caring for the older adult.

## With Warm Memories (1940–2006)

Members of the School of Nursing were saddened by the recent death of friend and colleague, Janet Gormick, RN, BSc, MSN, April 27, 2006, after a brief struggle with adrenal carcinoma. Janet began her 26-year career with UBC in 1971. During her time at the School, she was involved with

the development of a UBC model for nursing, theory development and curriculum building as well as clinical practice in psychiatry, and community and family health at both the undergraduate and graduate levels. Janet leaves behind a number of family members and loved ones.



# Clinical Teaching Innovation

## Simulating Practice Reality

The School has recently purchased two high fidelity patient simulators (Laerdal SimMan). Simulation is the attempt to represent certain key features of the behaviour of physical or abstract systems by modeling this behaviour in a simpler system. In the case of clinical simulation these computerized “patients” breathe, have pulses and are connected to a monitor that shows their vital signs and their responses to certain stimuli. The “SimMan” can be programmed with a number of conditions, disease states and symptoms, and can respond to and generate verbal and physical cues. This year the mannequins will be used for evaluation and research with a small group of senior students, and midwifery and nurse practitioner students.

“What we hope for are funds to build an entire Advanced Simulation Lab,” says Dr. Bernie Garrett, Assistant Professor, to be able to use the technology with a number of different groups. For example, undergraduate students could use a SimMan in pre-registration training, or interprofessional groups of medical, pharmacy and nursing students could work together on one SimMan scenario. “This could help develop teamwork,” says Bernie, “and educate other students as to what nurses can do and vice versa. Once nursing students are in practice they work in a multidisciplinary team, they do not work in isolation.”

The intention is to have simulation labs complement rather than replace clinical experience. There are advantages to both controlled and unpredictable learning environments. “Some things are impossible to simulate, but we can

make students better prepared for practice,” says Bernie. In a Simulation Lab, instructors can program pre-controlled simulations into the mannequin with known underlying factors. This creates standardized sequences of events; therefore, students can all experience the same thing and learn the same specific set of skills, whilst building confidence.

Simulation can be used to help prepare students more effectively for the challenges of clinical practice. “With real-life patients, students are exposed to highly complex physical and psycho-social issues,” says Bernie. “Each patient is individual and can have many unexpected factors coming into play.” The clinical environment also presents any number of unexpected events. “It is a complex environment with numerous things going on concurrently, and students need to learn this and acquire the ability to decide on a set of actions in this environment. Simulation can help prepare them to do this, but cannot replace it.”

Through instructor-facilitated sessions in the Simulation Lab, students are able to work through acute episodes they may not have had a chance to experience during their clinical experience; for example, anaphylactic shock or a pneumothorax. Instructors can also videotape the students practicing and go over the tape with them, highlighting excellent work and areas that need improvement. “Simulation should not replace practice experience,” says Bernie, “but it can make students better prepared for practice, and enable them to experience conditions they would otherwise not see.”



*Cathryn Jackson, Lecturer, works with the SimMan to create practice scenarios for instructors and students.*

Over the coming years, the School dreams of expanding from the current two mannequins to a full Simulation unit of 15 beds, and continues to explore the possibilities for ensuring optimal assessment and psychomotor skill development within the simulated setting. In the current challenging health care context, it will be increasingly important to ensure that we provide a wide range of learning opportunities so that all of our students can be as practice-prepared as possible.

## Touchpoints

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