July 2007

TouchPOINTS

UBC School of Nursing

PUTTING SCHOLARSHIP INTO PRACTICE

Shaping Futures

Dr. Sally Thorne

At the UBC School of Nursing, we take deep pride in our students. All of our program admissions are highly competitive and students who are successful in the admission process take that privilege seriously. As they begin their programs, whether they be undergraduate students entering the profession or registered nurses entering our master's, nurse practitioner or doctoral programs, they take their place in the remarkable history of the thousands of students who have walked our halls and gone on to make the world a better place.

For the time that our students are with us, they are immersed in a diverse array of learning activities from clinical practice laboratories to lecture halls, from research libraries to community action projects, from space-age information technology to timeless human connection. In order to provide all of our students with the expertise and guidance they need in all of these diverse kinds of learning, our faculty must be at the cutting edge of expertise in an enormous range of issues and techniques. Collectively, we represent a community of experts, each in his or her own way, of the complex enormity of nursing knowledge.

We see in each student the kernel of capacity that will go out into the world and become a force for change into the future. Our task and our privilege is to provide them with the strongest educational base possible, enhanced by an appreciation for the multifaceted global health context into which their lives are being drawn, and to arm them with an attitude of confidence and inspiration that the part they will play in solving the world's health problems will make a meaningful difference.

And when each student marches across that convocation stage to accept his or her degree in nursing—rejoicing in that individual accomplishment, and eyes shining bright with excitement about taking those newly honed skills out into the world of solving health problems—we also express gratitude for the collective triumph of the faculty and the School, sustaining the fine tradition that has meant so much to those who have gone before. We invite our wider community—our friends, our alumni, our former faculty and staff and our collaborative partners—to take pride in what we all represent and to continue to support us in the wonderful work of shaping futures.

Undergraduates in high spirits as they attend their last lecture before graduation.

Contents

1 **Shaping Futures**

2 **Raising the Bar**
Taking the Anxiety out of Sleeping

3 **The Face of Research**
The Search for Appropriate Treatment: Making Informed Decisions

In Passing
UBC Nursing Pioneer Leaves her Legacy

4 **Graduate Profile**
Working with Story, Developing Policy

5 **Undergraduate Profile**
Love and Excitement for Education

Even Teddy Bears Practice Good Hygiene

6 **Career Reflections**

7 **Clinical Practice Innovation**
Action at the Seniors' Home

Alumni Action

8 **Teaching Innovation**
Understanding Ethics through Experience

Save-A-Tree® eco audit
Touchpoints is printed on Save-a-Tree® 100% post-consumer waste paper.

Trees Saved: **4**

Wood Saved (Lbs.): **2,457**

Water Saved (gals.): **3,612**

Landfill Reduced (Lbs.): **383**

Net Greenhouse Emissions Reduced (Lbs.): **743**

Energy Reduced (BTU) (000): **4,890**

Raising the Bar

Taking the Anxiety out of Sleeping

Well-versed in interviews, media attention and talking about her work, Dr. Wendy Hall, Associate Professor in the UBC School of Nursing takes a break from her current studies to discuss sleep, mothers and babies. Wendy works with colleagues in Australia and Canada on two different, but connected, studies that not only inform each other but generate more avenues of interest for the team members.

"I learned of a study in Australia being done on mothers' fears of childbirth and whether or not their fears contributed to their risks for caesarean births," Wendy says. "I took the central notion of childbirth fear from that study by midwives and nurses and added questions for expectant mothers about their fatigue, anxiety level and sleep deprivation. It became the *Pregnant in BC* study, with my Australian colleagues as co-investigators, which has received a lot of media interest." Wendy currently has 700 expectant mothers involved in the study. Because there is so much emphasis placed on the risks and challenges of childbirth, women are excited to participate in and/or spread the word about this study in the hopes of gaining more data on women's perspectives of childbirth. "We may find that women aren't as anxious as others assume they are."

Through this Australian/Canadian relationship, Wendy learned about behavioural interventions used in Australia to reduce infant sleep problems. Incorporating those approaches, Wendy and nursing, medical and midwifery colleagues finished a pilot study of a behavioural sleep intervention in Canada in 2004. "I am one of only two nurses in Canada I know of working in this area," she says, "and I haven't been able to locate any studies in Canada that have trialed this intervention." Because many health care professionals are not assisting with infant sleep problems in Canada, and because the parenting literature suggests that sleep is a huge issue, Wendy receives many requests for media interviews and for help from families as far away as Nova Scotia.

The intervention used in the study consists of assisting parents to understand infant patterns over 24 hours: the timing of feedings, naps, the length of naps, the settling behaviour for naps and nighttime sleeping, and what parents do when the infants signal. Parents can be assisted to tailor the intervention to their infants and families. "The struggle isn't that one form of intervention, for example scheduled waking, won't work, it's that parents may have difficulty agreeing to that element of the process or that it may not be ecologically valid in terms of incorporating the intervention into their lives," says Wendy.

There is extensive literature about infant sleep problems, so it is not from a lack of information that parents struggle with their child's sleep patterns; it is the sheer volume of information that makes it difficult for parents to choose and understand various methods. "My hope is that the interventions we intend to evaluate in a randomized controlled trial will be incorporated into community health nurse practice if they are effective," says Wendy, hoping to increase the cadre of experts at the community level.

It is estimated that 30 per cent of infants in Canada have sleep issues. Some of these children grow out of it and some don't. Evidence suggests that children who don't can have difficulties as pre-schoolers with inattention, hyperactivity or aggressive behaviour. "In our day care questionnaire study with nursing, education and physiologist co-investigators, we have found that both the parents and the day care providers are documenting behavioural issues for children with sleep problems," says Wendy. "What might happen to these children when they reach school age?"

Wendy's vision is to promote optimal parenting and child development. When asked why this is so important, Wendy emphatically responds, "I believe that parenting is one of the most important roles that people take on over their lifetimes and that parents deserve and need support to make it the best experience for them and their children that it can possibly be. I see the area of sleep as essential to child development and to parenting."

By developing international and interprofessional connections, faculty members like Wendy can develop ways of addressing challenges in various fields and positively creating change in parents' lives.

Wendy Hall (centre) with two of her Australian colleagues; Miriam Langridge (left) from Edith Cowan and Yvonne Hauck from Curtin University.

The Face of Research

The Search for Appropriate Treatment: Making Informed Decisions

Many people when they are sick lose hope that they will get well, or decide to try a different kind of therapy, and so they turn to treatments that are outside of mainstream medicine. Often these are termed complementary or alternative medicine (CAM).

"Complementary medicine, like guided imagery for example, refers to therapies that patients use in conjunction with conventional medicine," says Dr. Lynda Balneaves, Assistant Professor in the School of Nursing, whose research focuses on examining people's CAM use and decision-making in the context of cancer care. "Alternative medicine refers to treatments that are used in lieu of conventional medicine, like traditional Chinese medicine."

Lynda's research is partially funded through the Canadian Cancer Society to respond to a growing demand from cancer patients in the community for knowledge about complementary therapies. "One of our studies is considering whether or not we are ready in Canada to have integrated cancer care where conventional and complementary medicine are combined," says Lynda. "My colleague, Dr. Alison Brazier, and I are studying health care providers to find out whether it is something they are aware of or think is necessary. In other studies, we are listening to the patients and learning that they want support in making safe and informed decisions with regards to CAM."

There are challenges in this area of research. The effects of CAM on a specific patient may be individualized to the extent that it is difficult to obtain general knowledge using current study methods. Further, because many CAM and conventional practitioners are hesitant about integrating the two systems of care, patients may make decisions about using CAM that they are reluctant to reveal to their care providers and to researchers.

"I'd like to see more integration of therapies for which we have strong scientific evidence in order to address the whole person," says Lynda. "There is a lot we can learn from these traditional therapies. We need to look at prevention versus treatment, and at developing research approaches that will allow us to examine whole systems."

Lynda sees nurses as excellent resources to provide information and support to patients about the numerous treatment (and prevention) options available. "Nurses are the ones who often spend the most time with the patient. They have the patient's trust, they have skills around assessing patients, counseling, and interpreting research evidence. We can arm them with evidence-based CAM information and work together to monitor the effects once these therapies are administered."

Dr. Lynda Balneaves

To build the bridge toward integration there need to be more researchers in the field of CAM, Lynda hopes that more funding will help build a body of evidence. "Because this is such a holistic approach, there are so many pieces involved. How do patients make decisions around CAM? Where do they require additional support? How do we develop a knowledge base about key interventions that people can use?"

The School of Nursing looks forward to the developments of this community-focused, holistic approach toward conventional and complementary medicine in which Lynda and her colleagues are engaged.

In Passing

UBC Nursing Pioneer Leaves her Legacy

Dr. Lyle Morrison Creelman was one of eight who graduated with the Bachelor of Applied Science in Nursing degree from UBC in 1936.

The scope of expertise and influence that Dr. Creelman generated throughout her nursing career is outstanding. From Chief Nurse in the British Zone of occupied Germany in 1944 to Chief Nursing Officer of the World Health Organization (WHO) in 1954, Dr. Creelman pioneered the areas of specialized nurses' training, primary nursing care and public health.

An editorial in *ICN Calling*, a journal of the International Council of Nurses in Geneva, says of her contributions while at the WHO that "she has probably achieved more for nursing throughout the world than any other nurse of her time."

Among many degrees and awards, Dr. Creelman received an honourary doctorate from UBC in 1992, the Order of Canada in 1971, and the commemorative medal for the 125th anniversary of the Confederation of Canada. Dr. Creelman died peacefully February 27, 2007 in her 98th year.

(Facts and details supplied by Glennis Zilm BSN '58)

1953 Official WHO photograph (Lyle Creelman fonds—UBC Special Collections, Chris Hives).

Lyle Morrison Creelman (August 14, 1908–February 27, 2007)

Graduate Profile

Working with Story, Developing Policy

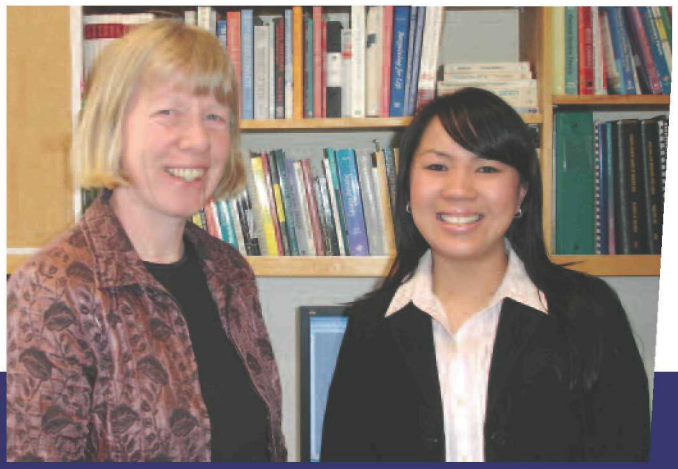
Imagine, you sit in the waiting room of a busy hospital, the surgeon approaches you to inform you that your loved one has successfully come through surgery and is in recovery. Naturally, you want to go to that person but you are told you are not allowed in the room. Why?

That is the question Nerrisa Bonifacio, BSN '04 and graduating MSN student, asked herself when she was enrolled in a specialty course in post-anesthetic care while working in the recovery room. "I came across two articles written in the 1990s that supported family visitation in the recovery room," says Nerrisa. "This piqued my interest," so much so that during the first course of her master's program, Nerrisa wrote a paper comparing adult and child visitation in the recovery room. This in turn led to the subject of her master's thesis.

Nerrisa and her thesis supervisor, Dr. Geertje Boschma, Associate Professor, discussed how to approach the subject, whether through an ethnographic or historical study. "I came to the conclusion that I needed to understand the historical roots as to why family visitation continues to be an ongoing and controversial issue," says Nerrisa, "so I decided to conduct a historical analysis."

Articles from the 1940s and 1950s mention a "no visitors" rule in the recovery room but few, if any, reasons are given. "Some articles state it disrupts patient care when family is present, others mention infection control as the recovery room is in close proximity to the operating room. During that time they didn't have monitors, patients were unconscious or heavily sedated and not breathing on their own, so the safety of the patient was of utmost importance to the nurse on duty."

The analysis also includes oral history interviews. Nerrisa conducted nine interviews with nurses who practiced in the 1970s and 1980s as this was the period when the issue of restricting family visitation was first questioned. She asked them about their experiences and about the history of the recovery room in their hospital. They shared their observations about how practice has changed in relation to family involvement.



Geertje (left) and Nerrisa share an enthusiasm for nursing history.

Nerrisa will use these data to document the history of recovery room nursing practice and family visitation and to put it into perspective. This will help to inform future policy.

"I'm speaking with women who are part of nursing history," she says. "One woman I interviewed was on the first recovery room standards committee in B.C. I wanted to focus on the nurses' experiences and perspectives which I felt were missing. I need to go back to these nurses and find out why the rules and expectations were there, and their acceptance level of policies in place regarding the recovery room in their practice."

Today, Nerrisa explores the concept of space as one explanatory context. What function do nurses see the recovery room space having? It is a critical time for patients and one of the nurse's primary objectives is to help the patient recover safely. How does the family fit into that role?

"I've learned a great deal and have come to realize how much things have changed and evolved over the last 30 years," she says,"and I felt honoured and privileged to be in the presence of these nurses who have practiced before me."

As with most scholastic endeavours, the student is not alone. From the outset, Nerrisa was encouraged by faculty members and students to pursue higher education in nursing. She also gained encouragement from being acknowledged for her hard work with the Ethel Johns and Isabel Maitland Stewart Memorial Scholarship and Xi Eta Graduate Student Research Award. Not only did they help financially, Nerrisa was able to focus her time to concentrate on her area of research.

"I really do believe this is what I am meant to do," she says. "I'll definitely continue with nursing history and I plan to pursue a Ph.D. in the near future." Nerrisa's hope is to document the history of the recovery room in Western Canada.

For the School, Nerrisa's passion for the rich history of nursing's development in Canada stirs up feelings of pride as UBC Nursing has always been at the forefront of cultivating nursing leaders.

Undergraduate Profile

Love and Excitement for Education

Since graduating in May, Christine Fantuz, BSN '07, continues to work at Vancouver General Hospital. She fulfilled her clinical preceptorship in the ICU at VGH and is pursuing her specialty in critical care with the goal of returning to the ICU in 2008. From the outset, her preceptor was surprised at Christine's comfort with all the alarms, bells and activity in the unit, but Christine feels at home. "One of the main reasons I want to work in the ICU is because of its holistic approach," she says. "I can get to know patients inside and out and I have the opportunity to give them high quality care because I can focus on only one or two patients."

Christine in the field outside Team Hospital with a woman with leprosy.

During the nursing program, Christine did field placements in a number of nursing specialty areas such as maternity, mental health and geriatrics, and was surprised at how the tools from each aspect of nursing transferred into the next. During an international placement in Nepal with fellow graduate Julia Iwama, Christine was able to share information from her leadership and management course. "Julia and I didn't bring any notes with us from that class because we figured we wouldn't need them in Nepal, but there we were talking about change theory, organizational charts and transformational leadership because the hospital would soon renovate and expand."

One of Christine's long range plans is more international relief work—to provide care in Third World countries to children, to orphans or to whomever is in need. "Wherever you go, people need health care," she says. And in Nepal, where the life expectancy is 48.9 years, Christine believes they could also benefit from education. "I really believe that education is the root to making a difference," she says. "I'm not a believer in doing 'for,' but rather in doing 'with.' I'd like to be able to empower people and get them excited to make positive health changes in their lives."

Before entering nursing, Christine practiced massage therapy, owning and operating a multidisciplinary health clinic that coordinated massage services with those of physiotherapists, acupuncturists and naturopaths. "I get bored easily," Christine chuckles "and have always sought out learning. I love it." This is, in part, why the program at UBC attracted Christine. It is a two year intensive experience. "One thing the program definitely allows is that you get into the nitty-gritty early on. You also have an opportunity to draw on your strengths and learn from your weaknesses."

Christine was recently awarded the Karen Elaine Florence Madsen Memorial Scholarship—an award made to a final year student who shows not only outstanding personal qualities but high academic achievement and a true dedication to the nursing profession. "When I saw the award online, understood the reasons for it, and recognized that it had been recommended by the faculty I was ecstatic, honoured and overwhelmed," she says, as she prominently lists the name and description of the award on her resume. "When it arrived, I was trying to figure out how I could possibly finance my clinical learning in Nepal," says Christine. "I was determined to complement my nursing education with an international experience in a Third World country so this award helped immensely."

"I feel very fortunate," she says; and the School feels fortunate to have graduates like Christine who combine their life experience with new learning to offer thoughtful, compassionate and effective care to those in need wherever they find them.

Even Teddy Bears Practice Good Hygiene

Six UBC nursing students participated in the UBC Health Sciences Students' Association's (HSSA) Teddy Bear Day Project earlier this year. This community outreach project is designed to teach elementary school kids some health basics like hand washing. Nursing students show the children how to wash their hands properly by covering their hands with a special paint (aka Glo-Germs!). After washing, they test children's hands under black light to see if they have been successful washers.

HSSA brings together students from many health science disciplines to provide information about their professions. "This is a great opportunity to teach parents, teachers and young children about the roles of nurses, to identify where nurses can be found in the community and to know who the nurse in the school is," says Jacklin Tran, first term nursing student.

Jacklin Tran and Leanne Kwiatkowski teach health basics to Charles Dickens Elementary School children.

Career Reflections

"Research changes knowledge; knowledge changes midwives and nurses; nurses and midwives change practice."

Colleen studies the responses to co-bedding of pre-term twins.

When I spoke with Dr. Colleen Stainton, UBC BSN '61, it was her first official day of retirement. Having just moved back to B.C. after 10 years in Australia, she was looking forward to a day free of appointments. As the first Clinical Chair of Women's Health Nursing in the Faculty of Nursing and Midwifery at the University of Sydney and the Centre for Women's Health Nursing, Royal Hospital for Women, Colleen is used to filling her days to capacity.

From early on, Colleen's interest lay in maternity and neonatal care, and with master's preparation at the University of California, San Francisco (UCSF) became a perinatal clinical nurse specialist and developed a research focus on bonding and attachment issues. She also completed a doctorate at UCSF. Her career focus has been to improve the nursing and midwifery role in health care through linking and integrating education, research and practice. After 25 years with the University of Calgary Faculty of Nursing, she was recruited to Australia. "I considered the job in Australia my bliss job where I could really use my experience as educator and researcher," says Colleen. "It was wonderful to be given five empty rooms for a nursing research centre in a women's hospital and be asked to develop a research culture with nurses and midwives."

Colleen's first activity was to walk through the units and talk to the nurses to find out the nature of their practice. She found there were several commonalities among the units that provided a full range of women's health care. But, as she stepped out of her car on the first day, the head nurse of the newborn nursery and the clinical nurse were waiting at the door. "They said, 'come with us' and told me that they wanted to begin developmental care and needed help. That began the first study—a four-year action research project. That and all other projects were initiated by clinicians from puzzles they faced in practice. They then involved them in the study including presenting and publishing." The partnership between clinicians and researchers, working with participants, is very powerful.

Since the age of three, Colleen wanted to be a nurse, and throughout her career she has embraced challenging projects and roles from developing curriculum and research in maternal- infant care with professionals from Nigeria, Taiwan, Sweden, Canada and Japan to lobbying to retain a women's hospital in Calgary. Colleen was also a founding member of a faculty group from Foothills Hospital, Mount Royal College and the Faculty of Nursing at the University of Calgary where she developed and taught advanced nursing practice roles and established the international maternity nursing conference group in 1986 with a group of international colleagues. She was awarded Rotary's Paul Harris Fellowship for work in Guyana.

Colleen remembers fondly her time in the nursing program at UBC. Her class was the last to go through the joint Vancouver General Hospital/UBC program. "We were taught from a theoretical framework," says Colleen, "and developed skills in campus labs prior to hospital experience." Her class still reunites and talks about their UBC experience—they meet every five years for a few days and have a lunch in the years between—the 45th reunion was in September 2006. "Nursing was a very satisfying place to live my life," she says, "and my time at UBC provided such solid knowledge and skills for practice. A wonderful group of faculty as well as classmates and colleagues, both ahead and behind me in the program, instilled in me a patient-focused view but very importantly, a belief in my own value as a nurse."

One of Colleen's classmates, Dr. Pauline Kliewer (nee Peters) BSN '61, shown here with John Welty, President of California State University, Fresno, was inducted into the Central San Joaquin Valley Nursing Hall of Fame, September 20, 2006. "Nurses are always there when people are at their most vulnerable," says Pauline. As part of the honour, the Hall of Fame cited Pauline's dedication to the nursing profession and her impact on hospitals, public health, home health agencies, colleges and universities. Congratulations Pauline!

Clinical Practice Innovation

Action at the Seniors' Home

Elaine Unsworth, UBC School of Nursing Adjunct Professor, BSN '94, MSN '99, is a clinical nurse specialist in the elder care program with Providence Health Care and shares the story of four male residents in Holy Family Hospital who wanted a cat. Instead of refusing the request, the clinical nurse leaders brought the residents and their families together to discuss how having a pet might work. Holy Family Hospital is now home to a loving cat. In fact, the five care homes within Providence Health are homes to six cats and some birds.

"We have to start asking 'why not?'" says Elaine, who is one of a dynamic team at Providence Health working with the Eden Philosophy of Care, created by Dr. Bill Thomas and adopted almost three years ago. "The Philosophy looks at how we provide care and treat people who live in our care homes, and how we make them pleasant homes in which to live," says Elaine, who played a key role in establishing the standards and creating the staff model. The three plagues of residential care facilities that the Eden Philosophy says contribute to suffering are helplessness, loneliness and boredom, and it offers 10 principles to counteract them.*

There have been many changes over the last few years at Providence Health residential care facilities—all working toward deinstitutionalization. Prepackaging medications means they can be delivered to stable elders by care aides which frees up RNs to do more specialized care. More care aides means more individual care for residents and more opportunity for residents to be involved in care decisions. Expanded communication channels help staff on various shifts know the details of each person living in the facility.

"The staff do a great job at providing care the way the residents want it," says Elaine. "I hope when I move in I'll be able to have a coffee in my room when I wake up and have a bath at night."

During her undergraduate studies, Elaine took an elective in mental health. During her first job, she was introduced to the geriatric population. Although she was concerned that this cohort might not be very stimulating, she learned otherwise and not only loved it but chose this area to pursue in her master's program. She continues to thrive on the challenges of bio-psycho-social geriatric care. Today she enjoys the challenge that the model will be ever changing as residents change, staff change and individual needs play into the daily mix. "I love doing this work," she says. "It's so important that we respect elders and what they want, and as we move toward providing individualized care, it's exciting and rewarding to see people still growing and developing, even well into their 90s!"

However, Elaine cautions that in order to keep this ball rolling there will have to be more proactive marketing done to advocate for senior care as most people are not exposed to senior care until a loved one experiences it. "I wish we could offer opportunities for everyone to talk with someone in their own language every day, and have more choices—like having a bath when they wanted and eating the food they want. We need to focus on the fact that we work in the residents' homes, that they don't just live where we work."

As Elaine continues to discover the gifts that seniors can offer her, the School continues to celebrate its alumnae and members of its faculty for the heartfelt work they do to improve the care for all those in need.

*To read the details of the 10 principles of the Eden Philosophy visit the Providence website at this link: http://www.providencehealthcare.org/about_eden_alternative_10_principles.html

Alumni Action

Hurricane Ivan swept through the Caribbean region on September 7, 2004. It ravaged Grenada with rain and winds of 220 kilometres per hour. Thirty seven people died and most of the population was affected: churches, schools and close to 90% of homes were destroyed.

In other news, the class of '57 will host their 50th anniversary this September at Harrison Hot Springs in B.C. Wondering about the connection between these two events? Margaret Mitchell (nee Cameron) BSN '57 volunteered on a mental health team that traveled to Grenada from Calgary this past winter to help teach residents, teachers and clergy about loss and trauma.

"Some of the stories would break your heart," says Margaret. "If a gust of wind blew, elementary students would crawl under their desks and teenagers would lose their motivation to study because they feared more devastation." One of Margaret's main reasons for going was to help teachers design their own critical management plan and to make presentations on loss and grief and how to deal with the aftermath of trauma.

If you are from the class of '57, would like to reconnect with classmates, or share some of your stories at the reunion, please e-mail Margaret at holmes4mitchell@yahoo.ca.

Margaret leads an interactive presentation about loss and trauma in a classroom in Grenada.

Teaching Innovation

Understanding Ethics through Experience

The air in the ethics class fills with determined voices as students pair up to role play nurse manager, student, educator or administrator debating the standards of the Canadian Nurses Association Code of Ethics. Eventually, Dr. Paddy Rodney, Associate Professor and Undergraduate Coordinator, brings the role players back together for group discussion.

Paddy Rodney (centre) with members of her current Canadian Health Services Research Foundation (CHSRF) Ethics research team. They are investigating "Leadership for Ethical Policy and Practice: Using an Ethics Lens to Improve Healthcare Workplaces."

"It makes the code come alive for the students," says Paddy. "The code is up for revision this year. In last summer's class the students were able to show that there was not enough emphasis on looking after students. This time students were able to identify that there could be an explicit rule in the code about care of the body after death."

In the 1960s, questions arose as to the ethics of treating people as objects in research and medical bio-ethics was developed to draw on philosophical principles that taught us how to act. "The notion of how to treat people has always been a part of health care," says Paddy, "and one thing that nursing ethics takes into account that bioethics does not, is that workload is a huge ethics issue."

Paddy is excited about the compounded effects of teaching ethics in the classroom. "When these students graduate, some of their colleagues will not have been exposed to this type of ethics education. They will have an opportunity to learn from our graduates and get excited about it." And, as each class graduates, more colleagues in the workforce will have a deeper understanding of the ethical theory in the nursing workforce.

"When our students are on field placements, they are exposed to moral distress in the workplace," Paddy says. "We all struggle with many ethical issues due to strained resources and that has a cumulative effect. So, how will the students react to this when they graduate? What are they going to do about it?"

As a School, Paddy believes we have a moral obligation to support the emotional and physical health of our students, and believes this sentiment will transfer out to patients and staff when students graduate. Through her classes, Paddy hopes to help students find the meaning and relevance of ethics in their own practice. "The long term positive effects are exciting," says Paddy. "Hopefully, students will ask questions in practice and not take for granted that 'this is how it's done.' It will also help them find their voice to articulate how health care and their own practice ought to be."

Just as Paddy continues to inspire her students to learn and absorb the value of ethics in their profession, she also continues to inspire herself by constantly learning from students, from conferences, from debate and from witnessing the policy and practice of ethics in the nursing workforce. "Deepening my understanding of ethics theory will help me heighten my effectiveness in its application," Paddy says. "Don't ever underestimate the difference you as an individual can make with thoughtful questions."

It's dedicated and passionate professors like Paddy, who help the School of Nursing provide the current workplace climate with earnest, compassionate graduates keen to participate in and lead the nursing profession into the future.

TouchPOINTS

Touchpoints is published by the School of Nursing, Faculty of Applied Science, The University of British Columbia.

Editor: Sally Thorne
Associate Editor/Writer: Julie Lees
Editorial Advice: Dr. Marilyn Willman
Design/Production: Tandem Design Associates Ltd
Printing: Rhino Print Solutions

The UBC School of Nursing
T201–2211 Wesbrook Mall
Vancouver, B.C. V6T 2B5

Tel: 604-822-7417
Fax: 604-822-7466
www.nursing.ubc.ca

PUBLICATIONS MAIL AGREEMENT NO. 40681575
RETURN UNDELIVERABLE CANADIAN ADDRESSES TO
THE UBC SCHOOL OF NURSING
T201-2211 WESBROOK MALL
VANCOUVER, B.C. V6T 2B5
EMAIL: INFORMATION@NURSING.UBC.CA