July 2005

TouchPOINTS

UBC School of Nursing

PUTTING SCHOLARSHIP INTO PRACTICE

Global Citizens

Dr. Sally Thorne

The University of British Columbia's *Trek 2010* is a document you are going to be hearing a lot about. It articulates this university's commitment to be a leader in preparing students to become exceptional "global citizens" capable of promoting the values of "a civil and sustainable society." The School of Nursing is an enthusiastic proponent of an educational climate that helps all students and faculty members appreciate the contributions that we can make, individually and collectively, in making the world a better place. Toward this end, we have been developing our international outreach initiatives so that they become a core component of the work that we do.

This year, we have had a number of international undergraduate exchange activities. Last fall, three students and one faculty member from the Guru Nanak College of Nursing in Dhahan-Kaleran, Punjab, India spent a month in the School, working alongside our students and faculty to learn more about the implications of our distinct health care delivery systems. Those students went home inspired and eager to effect changes within their own local area. This spring, faculty member Lynne Esson and four basic undergraduate students spent a month on a return visit to India. Their experiences have been powerful reminders that the world is not an equitable place, and that human creativity and conviction are essential ingredients of meaningful social change.

In addition, through the creative and persistent proposal development of some of our undergraduate students, we were able to send three of them to Ghana. There, they worked in extremely remote village health units, far from cities and expert resources. Their experience involved direct teaching and health promotion as well as coping with emergent situations that inevitably arise for people who live "where there is no doctor."

These experiences came about through the hard work and passionate commitment of members of our faculty and the students themselves. On their return to Vancouver, the students all have a commitment to spread the word and share the insights they have obtained through these experiences with their fellow students and professional colleagues.

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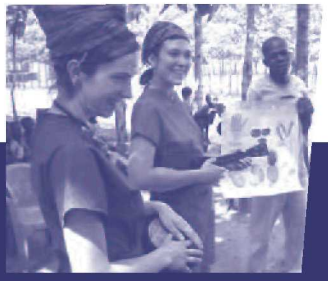

Putting basic nutritional and health promotion messages into lively songs in local dialect, Mandy Reid and Chloe Elmire-Lemore have been educating villagers in the remote Seva region of Ghana. In this way, they teach children that "mosquitos cause malaria" and mothers that "breast milk is baby's best food." They are applying all of their principles of community health "but in rural Africa instead of a suburb of Vancouver."

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Raising the Bar

Quick Catch, Slow Release

Mother gives birth. Midwife catches baby. Mother, midwife and baby make slow release.

Elaine Carty, professor in the School of Nursing and director of the midwifery program at UBC, is the 2005 recipient of the BC Health Association Legacy Award. This award is offered annually through the UBC College of Health Disciplines to someone who has made a significant contribution to the development of health policy, health leadership or healthcare governance in the province. Elaine receives it this year for her outstanding leadership in the development of midwifery education in BC.

Over 25 years ago, Elaine along with Alison Rice, School of Nursing assistant professor and midwife, worked with other nurses, physicians and midwives to establish a pilot project for midwives at the old Grace Hospital. "We had the support of obstetricians we knew and that helped," Elaine says. "We were doing it on a volunteer basis. Eventually the nurses who were trained as midwives at Grace Hospital took over as part of their salaried work and this was a shift forward for midwifery in BC, one step closer to the regulation of midwives." But midwifery hadn't always garnered such respect in Canada.

"When I was a student in New Brunswick and first worked in maternity care, I knew almost immediately this was my passion," says Elaine. She studied at Yale under respected scholar Ernestine Wiedenbach, and then returned to New Brunswick excited to practice on home turf only to discover Canada didn't regulate midwifery the way the States did. Wanting to do something to help legalize midwifery in Canada, she moved to Ontario and, with others, formed the first Ontario Midwives Association. "People didn't get it," says Elaine. "Our association became an advocacy and consciousness-raising group. We publicized the value of midwifery for women and talked to the government regarding the implementation of regulation."

After working in labour and delivery at Kingston General, and teaching at Queen's University, Elaine moved west and joined the faculty at UBC. In the mid-70s a group of midwives, Elaine included, received preliminary funding from Health Canada for a proposal for an out-of-hospital birthing centre staffed by midwives. Although attitudes were starting to shift, there were still protests in the community about taking the process of birth out of the hospital. A sabbatical back to the States where midwifery was "normal" provided Elaine with renewed energy to continue the push for midwifery in Canada.

After Elaine and Alison's successful pilot project in the 80s, momentum started to build. More women were writing to government wanting midwifery legalized; an international conference of midwives attended by 6,000 women met in Vancouver; the BC health minister at that time announced that midwifery would be regulated in BC; midwives, nurses and supportive obstetricians continued to work with government; and then in 1998 the regulation finally happened.

The offices of the midwifery program at UBC have soothing olive painted walls, a waterfall trickling amongst live plants, and a thematic assortment of art, sculpture and traditional birthing aids. Images of birth and motherhood are everywhere. "It's important to balance the science with the art," says Elaine. "This is a fundamental human process that's been told in art and literature for years."

UBC admitted its first students to the midwifery program in 2002 and graduated its first advanced standing class this May. "Sixty per cent of their education is clinical," says Elaine. Students must participate to varying degrees in a minimum of 60 births in order to graduate (in 40 of them they have to "catch" the baby themselves), and the curriculum stems from three main themes: human growth and development, pregnancy and birth transitions, and effective care. Competition to get in is high. Only 10 per cent of those who apply are admitted and 80 per cent of those have a previous degree.

Midwives provide a continuity of care. *Midwife*, after all, means *with woman*. "It's about informed choice," says Elaine. As midwives gain in popularity in BC and Canada (currently midwifery is regulated in Alberta; regulated and publicly funded in Quebec, Ontario,

Above: The midwifery logo adapted from the birth symbol found worldwide on pottery, in embroidery, etc. This quilt which hangs in the midwifery department was handmade by Elaine Carty and Alison Rice.

Left: Elaine Carty, RN, BN, MSN, CNM, still teaching at midwifery graduation.

Manitoba and BC) Elaine hopes interprofessional workshops with nurses, medical staff and midwives will grow. "We're all in this together, she says. "We know we will be a valued part of maternity care in BC."

For Elaine, watching the first class graduate was like coming full circle. "It's been a long haul," she says. "It's been a gift to work with these students and to produce graduates, when 40 years ago people didn't even know what midwifery was." The School of Nursing congratulates Elaine on her award and her accomplishments in the field of midwifery, and looks forward to watching Elaine's continued effort in educating women about care during the birthing process, and helping create an even more welcoming health care system for midwives and their clients. In France a midwife is called a *sage femme* (wise woman), and there may not be a more fitting title for professor Elaine Carty.

New Faces in Research

Gliding into the Thick of Things at UBC

A quick glance at the research interests of Dr. Colleen Varcoe, an associate professor newly appointed to UBC after some years at the University of Victoria, leaves one mystified as to how one person can fit aboriginal health, violence against women and health care economics, just to name a few, into her day-to-day study. But for Colleen, these interests are not as disconnected as they look. She says all her work is interconnected to the question of "how do we as nurses promote ethical practice in the context of inequity?"

Colleen works on several research teams and enjoys the two way exchange of information and knowledge within and among the team members. "I'm lucky to have exposure to these people with such extensive expertise in their areas," she says. And, coming to UBC has only furthered her ability to work in her areas of interest. "The School of Nursing at UBC is a research rich environment," Colleen says. "There are highly experienced people here to offer research advice, mentorship and leadership."

Her most recent project is in partnership with others at UBC. Members of the Faculty of Medicine and the Department of Educational and Counselling Psychology, and Special Education are working with Colleen, who co-leads a study of rural Aboriginal maternity care in Alert Bay, Bella Coola and Haida Gwaii. "We're working with community-based researchers, who are aboriginal women, to look at their traditions and experiences of birthing and their hopes for the future." Colleen says birthing is being eroded in these communities, women are increasingly required to go to bigger communities to give birth and thus the people are left with a sense of being able to die, but not to give birth in their communities.

The area of health care economics comes into play with this study. "One day I was struck by the picturesque quality of the fishing fleet moored in Alert Bay and took some pictures," Colleen says, "but then I started thinking, 'the fleet shouldn't be here, it should be out in the water, catching fish so the community can earn a living.'" The tax base this industry generates is what supports birthing centres or hospitals. It's all connected.

Colleen also spends much time focusing on the area of violence against women, which immediately led her to study racism. If there are 12 patients in Emergency with no beds and there are six more people waiting at the door, it is hard to practice ethically, she says. "I'd like nurses to be continually reflective not only on their own biases, values and assumptions but also on the way in which they engage with the context of their practice—not only the unit, hospital, etc. but the socio-political context as well." She says nurses must act on more than the nurse-patient relationship. "We need to act collectively to improve not just the conditions of nursing practice but also the social determinants of the health care of the people we serve. Ethical practice must take into account all forms of violence and inequity, including racism."

Colleen Varcoe, RN, BSN, MEd, MSN, PhD and UBC School of Nursing associate professor, paragliding at Point of the Mountain, Utah. Colleen is also an HPAC Paragliding Instructor/Tandem Pilot.

So, what does someone who has five grants on the go, sits on three primary research teams and loves teaching do in her spare time? Colleen is a Hang Gliding and Paragliding Association of Canada Instructor and Tandem Pilot, and has flown in many areas including BC, Mexico and parts of the United States. We anticipate smooth sailing with a lot of excitement in her research career here at UBC.

Development

A Reason to Give

The School of Nursing is thrilled to be the recipient of a new award for students available for the first time in 2006/2007. Peter Peto established the Steve and Therese Peto Memorial Bursary in Nursing in honour of his parents. "This is my way of supporting a woefully stressed health care system which supported my parents in their time of need," he says.

Among other factors, immigration, campus life and first-hand experience fed into each other to help establish this fund. The Petos immigrated to Canada from Holland in 1951 and through hard work were able to prosper. Peter believes his parents "would not have had any objections if they could give something of value back to their adopted country." When Peter worked as a post-doctoral fellow in geology at UBC in 1975/76 he grew to love the UBC campus and campus life. And his wife, Judy Gurney is a graduate of the UBC School of Nursing (BSN '83). Judy was helped in her studies with scholarships and Peter says "whatever financial support she received helped her successfully complete her education at UBC."

In their later life, Therese and Steve Peto required nursing care. Therese lived in a nursing home for about 12 years and was completely dependent on the nursing staff. "I appreciated the professional and personal care my parents received," says Peter, "and I hope the endowment will go some way in helping nursing students who are in need of financial support." Peter looks forward to a time when he can further supplement the endowment with additional funds. "This is just a small gesture of the gratitude I have for the nursing profession."

Peter Peto with his parents, Therese and Steve, at their last event photographed together.

The UBC School of Nursing is continually indebted to friends like Peter Peto, who want to help further the practice and education of nursing with the gifts they have to offer. This award will be an enduring contribution that will not only honour the memories of Therese and Steve Peto but will help the next generation of nurses provide the high quality care Peter's parents so appreciated.

Global Citizens

Continued from page 1

Although such experiences inevitably require intensive demands upon students, both in the preparation and in the visits themselves, often in uncomfortable and stressful circumstances, they return home with a very different sense of the world and of the role that nurses can play in the larger global health agenda. We know that each of them will find a way to continue that work and inspire others throughout their nursing careers.

International experiences such as these require the concerted effort of many visionaries, and we are fortunate to have many stellar examples among our faculty and friends. They also require financial support, and we have been lucky in that regard as well. Students who participate in such exchanges always contribute significantly out of their own pockets as well as fundraise to the best of their ability given their demanding class and clinical schedules. In addition, the international experiences this year were also supported through the generous contributions of the Helen Mussallem Fund and the Kathleen S. Wheeler Endowment Fund for Student Support. We are deeply indebted to the visionaries who have ensured that we have the resources to make such powerful learning experiences a part of our program.

As we move forward toward 2010, the School will continue to receive international students, post-doctoral fellows and visiting faculty members. The faculty will continue to collaborate and consult with colleagues internationally. And our students will all leave our programs with an understanding of what it really means to be nurses who enact their practice as global citizens.

Dianna Kuhr joining third year Guru Nanak College of Nursing students on community home visits. In India, the students participated in hospital, outpatient, home care and community action events. "The experience was absolutely inspiring. I feel like a different person," says UBC student Clarissa Tsang.

Undergraduate Profile

Teamwork Improves Everyone's Scholarship

You could say Graham McLean (BSN '05) was practicing his scholarship before he'd formally learned it. Before entering the advanced standing program in the School of Nursing, Graham was a Bachelor of Arts student at Simon Fraser University, with a psychology focus. However, his extracurricular activity had more of a care-giver flare. He worked for the School's Health, Counselling and Career Centre and had lots of contact with psychologists, counsellors, nurses and other health professionals. His graduation was upon him and he was faced with the eternal question: what now?

"I started talking to the health professionals I worked with to explore my options," says Graham. "I looked at my work history, my goals, my education, and a degree in nursing seemed to fit." And Graham had a range of experience to choose from. He'd been a manager of a 7-11 and had started his post-secondary education in electrical engineering. But, the bulk of his experience pointed toward work in the mental health field. "I had applied for a Masters in Counselling Psychology because I thought I wanted to focus on mental health, but stopped at the application stage. I wanted to work in more areas and discover more opportunities."

Graham's final clinical preceptorship in his UBC BSN program was with the Vancouver Coastal Health Midtown Mental Health Team. This community mental health service offers assessment, rehabilitation and specialized services to adults and older adults with serious mental illness, and to children with serious behavioural/emotional disorders, living in Vancouver. There, Graham was able to develop and implement a group for clients of the mental health team that combined all three of his current major interests. Graham worked with adult clients and discussed issues of health promotion and mental health with regard to weight gain and the risk of diabetes, and the side effects of psychotropic medications. "I've had a really positive experience at Midtown," says Graham. "My preceptor integrated me into the Midtown team and drew on literature to help me understand current issues. It was nice to see that once out of school the learning doesn't stop. I don't want to leave my research at school. It's important to keep up to date."

The group Graham developed at Midtown had positive results for those involved. "One of the side effects of this kind of medication is weight gain," Graham says. Through engaging his clients in medication education and encouraging them to ask questions, three of the original four people in his group lost weight and two decreased their waist circumference throughout the process, just by becoming informed. One client told Graham his group was so helpful it should be taught in the hospital before patients are discharged. "A lot of them didn't know the side effects," says Graham, "and in an ideal world they're supposed to know that." This is where nursing can make a difference. "Nurses can take the time and ensure informed consent."

Graham hopes to continue his work with the mental health team to design intervention groups for community and hospital. "I'd like to help people look at the choices they can make to mitigate the impact of side effects." Some of the tools he uses are motivational interviewing, education and informed choice. "There are lots of teams out there," Graham says and he hopes to communicate with various groups to see what all the teams are doing and how they can do something together. "There are groups for depression, psychosis and day programs for bipolar, all run out of the hospitals," he says, "and there are eight mental health teams in the community, and outreach for people who have been discharged."

In the near future, Graham would like to stay with community health and continue his development in mental health. "I like the interdisciplinary work and the autonomy within a team," he says, but his dream job would involve a case load of his own clients while taking his group on the road as a travelling road show, not only sharing information and techniques with other mental health teams but learning new skills from other teams as well. "I'd like to make contributions in the area of side-effect management, bringing awareness around that and being involved in making policy around this issue."

Graham has already published in the Journal of Pediatric Nursing and co-authored a position paper on personal counselling for the Canadian University and College Counselling Association. He was also the recipient of the Dorothy J. Logan Memorial Scholarship. The scholarship is awarded annually by the School of Nursing to a student who demonstrates volunteer activity. What with his volunteer work providing social support to patients at St. Paul's Hospital, working as a crisis line volunteer, or giving a speech at Selkirk College's 1997 Montreal Massacre Memorial, Graham exemplifies the dedicated volunteer. "Winning the award helped," he says. "I get a lot of satisfaction from volunteering, without thinking of it as a resume builder, but it is definitely nice to be recognized."

And, as Graham continues his work in the mental health field, specifically, for now, in side-effect management, he will no doubt gain further recognition and satisfaction for his ability to practice his scholarship before, during and after learning it.

Graham McLean, BSN '05, busy at work at Midtown Mental Health

Graduate Profile

Promotion is the Cause of Prevention

It's early in the morning and you're one of the first in line. And you should be—you've already been traveling for five hours in 30 degree heat to get here. Never mind the fact you're in your mid-70s and this kind of exertion's probably not good for your heart. But, you heard there was a health fair where nurses would check you over for free and, since you can't afford to see a doctor, you gladly make the journey.

Karol Ghuman attended this health fair in India as a member of UBC's Guru Nanak Partnership Project Advisory Committee. "My heart went out to him," says Karol. But even in Canada with a socialized system "where we supposedly have everything, some of these older people are waiting in a lineup to have their blood pressure and cholesterol checked and to talk to someone about their health."

With the current strain on the primary health care system, many British Columbians don't have adequate primary care. This is especially true of those who are elderly or suffer from chronic diseases or mental health concerns.

Karol Ghuman, RN, BSN, MSN '05, is congratulated by Anne Sutherland Boal, Chief Nurse Executive and Assistant Deputy Minister of Health Services, Government of BC, at a celebratory gathering in honour of BC's new nurse practitioner graduates and students.

When they do have a family doctor, he or she is likely to have a very busy practice with limited time to fully explore a patient's symptoms, listen to his or her concerns, educate, promote health and prevent future illnesses. "This is where nurse practitioners will make the biggest difference," says Karol. Nurse practitioners will assess, diagnose and manage the common and predictable conditions and make referrals appropriately. They will join the health care team and work both independently and in collaborative partnership with physicians and others. "I'm not just looking at symptoms as of today," she says. "I'm looking at the whole picture—the environment and family, and the whole life."

Karol, who graduated as a member of British Columbia's very first graduating class of nurse practitioners this May, wants to help patients put it together for themselves so they will no longer have to wait in line to get basic information while their blood pressure is taken, or walk five hours to a free clinic on a hot day. With her passion for helping in the South Asian community, Karol knows that part of her job will be to communicate and foster health promotion and illness prevention among people who have arrived from home countries in which these ideas are not well understood.

Nurse practitioners are a new initiative in BC. The UBC School of Nursing welcomed its first class in September 2003 in answer to a provincial call to improve primary health services by introducing this new provider role. Family nurse practitioners are advanced practice nurses who can assess, diagnose and manage common conditions in persons at all ages and stages of the lifespan. In order to become nurse practitioners in BC, these nurses require both theoretical knowledge at the graduate level and specific, advanced clinical skills training.

"I didn't realize how much I'd fall in love with it," Karol says of the program. Karol already had 23 years of nursing experience before starting the NP program. From starting with a diploma in psychiatric nursing to achieving her BSN in 1999, Karol has worked in surgery, intensive care, critical care, acute medicine and in newly developed positions such as respiratory nurse clinician and clinical resource nurse. Even with this variety, Karol felt a strong desire to do more. Getting involved with the Guru Nanak Partnership Project Advisory Committee and teaching one term at UBC as a clinical instructor gave Karol exposure to many of the faculty at UBC. And it was in talking with Gloria Joachim and Sally Thorne one day that she realized the nurse practitioner program would be a good fit. "I hadn't thought of NP before—hadn't thought about primary care after coming from a more acute care background."

The increase in scope of practice, Karol says, gives her more autonomy. She now sees how nurse practitioners bridge the gap between health promotion and curative care. "Physicians are naturally constrained by time," Karol says. "And who loses out? The patient. They need a listener."

Now that Karol has graduated she will take her education and apply it to her area of interest: the South Asian community. "I came from India when I was 11," she says. "I could see the struggles families went through in adapting to a new system and thought there must be something I could do as a nurse." Speaking two languages and obtaining this specialized education have placed Karol in an ideal position to give back.

The School of Nursing is fortunate to have graduates like Karol. In spite of the tiny voices in their heads that say "I can't do more school, I have a family, I'm tired," these nurses find a way to come back to school, not just for themselves, but for the greater good of their community and the overall health care system. Karol, and the other new graduates of the NP program, will be the first British Columbia nurses to sit rigorous comprehensive theoretical and clinical examinations this summer, and subsequently become among the first NP registrants of the College of Registered Nurses of BC, which will have the legislative authority to grant them the right to practice. We look forward with great excitement to watching Karol and her colleagues make a difference to patients in primary care, putting scholarship into practice as family nurse practitioners.

Leadership Development

Fostering Leaders on the Front Line

The development of first line nurse managers was one of the top five action priorities selected from the report of the Canadian Nursing Advisory Committee (CNAC) by the BC Ministry of Health Nursing Directorate. The BC chief nursing officers (CNOs) and the UBC School of Nursing eagerly responded to the challenge by mounting a project to consider options, then organizing and running the inaugural BC Leadership Institute for First Line Nurse Leaders at Harrison Hot Springs this past March. The overall objective of the leadership initiative is to build leadership and management competencies among first line (or entry level) nurse leaders in BC, enhancing leadership and management performance and job satisfaction among these nurse leaders. And the specific intent of the three-day institute was to support nurses who are relatively early in their leadership careers, having taken up front line nurse leader positions within the past three years. "The chief nursing officers of this province are highly enthusiastic about this initiative" says Heather Mass, CNO for Children's and Women's Health Centre, BC and the Provincial Health Authority, and a UBC nursing adjunct professor. "We need active and creative support to ensure that there is a new generation ready to take on the leadership of clinical nursing."

"The provincial government's Nursing Directorate and the chief nursing officers of all six of BC's Health Authorities were instrumental in supporting a process to develop a program to educate and support the nurse managers who will be moving into more senior positions over time," says France Bouthillette, RN, DNS, lecturer at UBC and institute co-leader. The political intent of this leadership initiative is to address the negative impact of the removal of head nurse positions during this era of health care restructuring. This leadership gap has been identified as a key factor in dissatisfaction among nurses. France says that front line nurse leaders handle a wide range of functions, from patient care to managing the budget for the unit, "and they need to be prepared. Just hiring a skilled clinician and expecting they will know how to do this job doesn't work. They need the resources and the knowledge about what the role entails if they are to be successful."

One of the public's major concerns with the health care system is timely and safe care. "Educating first line nurse managers will have a synergistic effect on the delivery of safe and effective care," says Maura MacPhee, RN, PhD, lecturer at UBC and the other institute co-leader. "If they know what they're doing, these leaders will be better prepared to retain and recruit nurses. People want to work for competent managers," Maura says, "and they're more apt to be satisfied with their work environment because their concerns are being respected and addressed." And, with retention of staff there will be more informed front line nurses and better communication between the levels of hospital administration.

France and Maura both teach leadership and management courses at the UBC School of Nursing, so when the organizing team searched for people with expertise in the area of teaching management and leadership, they found UBC faculty members eager and willing to develop the curriculum and teach the workshop. With funding from the Ministry of Health Nursing Directorate, Heather Mass began the process by leading a project to identify and validate the baseline competencies managers should have. "Based on reports that contained a thorough review of the literature and feedback collected from nursing leaders throughout the province, we developed the core curriculum," says Maura.

Some of what these first line managers expected from the institute workshop were communication and organization skills, skills on how to work better with staff and new ideas and possibilities to network with people in the same role. After the workshop, each first line manager was assigned a mentor from his or her hospital who is either in middle or upper management. "Support networks are crucial for development," says Maura. "We want someone with more experience in their institution to provide support to these first line managers."

"Not only does this initiative meet an immediate need in supporting nurses in first line leadership roles, but it also builds toward the future of the health care system since it is from this group of leaders that our future chief nursing officers will eventually emerge," says chief nursing officer Heather Mass.

Together the first line manager and mentor identify a project or issue to work on. For example, the first line manager may want to explore the integration of LPNs into an RN unit or learn how to better promote professional development for staff. With the help of their mentors, the first line managers will do projects based on their area of interest and will later create a portfolio highlighting the project. "Teaching nurses how to put together professional portfolios will showcase what they've learned and how they'll use it," says Maura, "but it will also help them develop useful tools, have a visual of what they've learned and help them feel like leaders."

There are long term plans for the Leadership Institute. France says "the potential is there, the political will is there and the resources are there." The Leadership Institute is only one of many creative initiatives underway to help prepare nurses for leadership and management positions, which in turn will help to sustain the nursing profession and the health care system overall. The School is busy developing a wide range of plans for future developments to capitalize on the momentum that has been created in nursing leadership development throughout the province.

Clinical Practice Innovation

Focussing on Families

"I hear this all the time," Clarissa Green, retiring associate professor from the UBC School of Nursing, says referring to a phone message she has just received. "He heard my segment about aging parents on the CBC and now he needs help with his mother." Last year, when Shelagh Rogers aired a series on the effects of aging parents on the lives of adult children, who better to ask for information and stories of personal experience than Clarissa, an expert on the stress, dynamics and changing relationships of mid-life children and their aging parents.

Over her career, Clarissa has had an enduring fascination with families at various ages and stages. "Years ago I was working with family members who had heavy burdens on their hearts," she says. "They couldn't forgive dead parents or couldn't ask for forgiveness and I started thinking, how can families avoid this?" So, with graduate work in mental health nursing and post-graduate work in family therapy, Clarissa focused her attention more on the relationship between aging parents and their adult children when the parents were still alive and the issues could be more actively dealt with.

From this came a specific emphasis on multiple role women (career, mother, wife and daughter) and the stresses to which they fall prey. "Families have care-giving crises along the way that I try to help them prevent, or help them resolve as effectively as possible," Clarissa says.

In her clinical practice, Clarissa works directly with families to plan and implement a course of action that is respectful of its members and of the unique family dynamics. In the context of the challenges and conflicts arising from the needs of aging parents and their children, Clarissa seeks to foster relationships that help families as a whole, getting to know their belief systems so that she can facilitate their wishes and promote effective communication among members.

Clarissa describes one memorable situation when she became involved with a mother and daughter who lived together. The mother became terminally ill and the palliative care team got involved with the family. The daughter was exhausted and struggled to talk with the palliative care team. "She asked me if I could talk to them," Clarissa says. "Families find it reassuring to have communication among all the health care professionals." As it turned out the palliative care nurse was a former UBC nursing student. "We worked together to discuss this family and she did a great job with them. I laughingly told her this was a good time to use all the skills she'd learned in my class."

Clarissa and a team of colleagues built one of the first family nursing courses in Canada, which has been offered at UBC steadily since the 1970s. For the last fifteen years, Clarissa has also taught an advanced family nursing practice course. Although she retired in June, Clarissa says she will never stop teaching in one form or another. "I'm passionate about teaching families and students. Since my youth, I've been fascinated by the creative process of learning."

Clarissa's passion for teaching was acknowledged nationally when she was awarded the competitive and prestigious 3M Teaching Fellowship Award for excellence in teaching.

Clarissa Green, RN, BSN, MSN, retiring associate professor, will soon have much more time to reflect on the beach.

She continues to sit on the 3M Council as an executive officer.

Taking those teaching skills out into society after retirement will be easy for Clarissa. "I'm interested in expanding the knowledge health professionals and para-professionals have with regards to aging families. Society needs more people who understand aging and grown-up children."

The next few months will see Clarissa getting used to a new sense of time. Although she will continue to work with families, her book on the journey of the mid-life generation as parents age and die will be a number one priority. "The families I've had the pleasure to work with over the years have taught me a lot of what I know and I'd like to return that gift through this book."

TouchPOINTS

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