It’s a Sabbatical Leave – Not a Vacation!

Dr. Dean Care, R.N., Ph.D.
Dean, School of Health Studies

One of the myths in higher education relates to sabbatical leaves for university professors. Many faculty have heard comments like “where are you travelling to on your sabbatical?” Being “on sabbatical” conjures up images of faculty lying on a beach somewhere or taking six months or a year off work. In reality, sabbatical leaves are intended to fulfill an important function in the career of an academic faculty member. Sabbaticals provide faculty with a chance to rejuvenate their research, scholarship, and/or creative works by providing a block of uninterrupted time away from teaching, service, and other academic and professional responsibilities. The object of a sabbatical leave is to enable faculty to increase their effectiveness in teaching and research and their usefulness to the University, the students, and the academic community.

Sabbatical leaves are not granted automatically. In order to be eligible for a sabbatical, faculty must first be granted tenure. The opportunity to

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Master of Psychiatric Nursing is a Reality

Roberta Graham, M.M.F.T.
Department of Psychiatric Nursing

The Master of Psychiatric Nursing program was approved in April 2010 and will begin in January 2011. Announcement of the M.P.N. program has met with strong interest. To date, 60 people have indicated interest in continuing to receive information about the M.P.N. program as it becomes available.

The Master of Psychiatric Nursing program is the first of its kind in Canada. The program is designed for professionals who are seeking advanced practice roles in clinical practice, administration or education. The program is accessible to students at a distance, and can be taken on a full-time or part-time basis.

If you would like more information about the Master of Psychiatric Nursing program please contact Dr. Renee Robinson, Program Coordinator, at robinson@brandonu.ca or by calling (204) 727-9721.
A Message from the Dean

Transition and Renewal in the School of Health Studies

Spring is my favourite time of year. It is a time of renewal and transition. The trees and grass have turned green, the flowers are in bloom, and of course, golf season is upon us! Within the School of Health Studies we are also going through period of transition and spring-like renewal. We recently received approval from the Council of Post Secondary Education (C.O.P.S.E.) to establish a Masters in Psychiatric Nursing (M.P.N.) program. Our intent is to admit our first students in January 2011. This will be the first program of its kind in Canada. The M.P.N. program will address a growing need for administrators, researchers, and educators who hold this designation. Graduates of this program will be prepared to become leaders in the field of psychiatric nursing and health care. This new program will ensure we are able to meet our growing need for faculty renewal. We look forward to having graduate students in our School. They will bring their many gifts and experiences to the learning environment. They will challenge us to think differently about our teaching and the way we deal with professional issues. Based on the tremendous response from potential students, this new program will further enhance our reputation as quality education providers.

The C.O.P.S.E. also approved the renaming of the First Nations and Aboriginal Counseling (F.N.A.C.) program to the Indigenous Health and Human Service (I.H.H.S.) program. The newly revised undergraduate degree program will commence this fall while the F.N.A.C. program will continue to operate until 2013. This is an exciting time of renewal for the program. Two new tenure track faculty (Dr. Kathryn Irvine and Dr. Alanaise Goodwill) will join us in June and July respectively. We are also hiring for a newly created Indigenous Student Advisor position. Tania Munroe will focus her attention on recruiting new students, providing student support and advisement, and teaching within the I.H.H.S./F.N.A.C. program. Tania will also spend 20% of her time providing support to other Aboriginal students on the Brandon University campus.

The faculty selection committees have been in full operation this spring. In addition to the three new faculty in the I.H.H.S. program, two additional faculty will be joining us. Nancy McPherson and Edward Aquin have accepted Assistant Professor (tenure track) positions in the Nursing and Psychiatric Nursing Departments respectively. We look forward to the new perspectives these two faculty will bring to the School and the students.

We also celebrated convocation in May. Graduates from Health Studies programs will be experiencing life transitions as they embark upon their professional careers. It is a time when they leave behind their familiar student roles and responsibilities and take on new challenges in their chosen career paths. Faculty and staff in the School join with our students and their families in this time of celebration and transition. We wish them well in the next phase of their life journey.

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qualify for one’s first sabbatical usually comes only after an initial waiting period. This waiting period varies across universities, but is generally five to seven years of full-time employment. Faculty must develop an application for sabbatical leave. This proposal outlines a set of objectives and a plan of action for what will be accomplished while on leave. This application gets reviewed by the home department, the Dean, and then the President. Each proposal is assessed according to the merit of the application and its relative value to the organization.

At the conclusion of the sabbatical leave, faculty are required to submit a report outlining their achievements relative to the original application. The degree to which faculty met their objectives is factored into decisions when requests are made for future sabbatical leaves.

In summary, sabbatical leaves are not a vacation. They are intended to serve a valuable function in the life of an academic. Purposefully designed with built in accountability, sabbatical leaves provide a period of rejuvenation so faculty can return to their posts with renewed vigor, perspective, and insight.

Haiti Nursing Project

Amy Long
Second Year Nursing Student

On January 12, 2010, a 7.0 magnitude earthquake struck near Port-au-Prince, Haiti. Buildings crumbled throughout the region trapping thousands of civilians in mass graves. Haiti, one of the poorest nations in the Western hemisphere, has tens of thousands of people left homeless; without access to food, clean water, sanitation facilities or shelter.

The Faculty of Nursing Science at the Episcopal University of Haiti (F.S.I.L.) is located near the epicenter in Leogane. Amid the chaos, dormitory rooms were transformed into make-shift operating rooms where students and staff cared for the wounded. The school grounds became a tent city where the sick and the injured could recuperate.

At Brandon University, a group of concerned students have come together and formed the Haiti Nursing Project. The goal of the group is to raise funds to replace equipment and educational resources so that the student nurses in Haiti can resume their education.

The response from the community has been overwhelming. At a recent bake sale, the students were able to raise over eight hundred dollars. Encouraged by the success of their first endeavor, the group is looking forward to more events that will support a very worthy cause.

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Approaching Sabbatical – The Plan

Viola Fast Braun, R.N., B.R.E., B.Sc.N., M.N.
Department of Nursing

Personal experience has sparked for me, a strong interest in the area of spirituality and healing in the context of nursing education. The connection between spirituality and health is increasingly being examined by nurse scholars and clinicians. During my 12 month sabbatical, beginning July 1, 2010, my goal is to immerse myself in the literature of spirituality and health, and to participate in spiritual care in order to solidify my understanding of the current state of knowledge and practice of spiritual care. I will focus my study on the “Spiritual Diversity: Hope and Healing” education program through the Spiritual Care Department at Health Sciences Centre. This program provides support and guidance to students as they learn to “accompany patients and families on their healing journeys.”

Through the study and practice required in the Spiritual Diversity course, I will add to my theoretical and clinical knowledge of spirituality and health. Both theoretical and clinical knowledge are essential components of effective nursing education. Spiritual care is viewed as an important aspect of nursing care and is included in the College of Registered Nurses of Manitoba’s entry level competencies. It is threaded throughout Brandon University’s B.N. program which emphasizes holistic care and has a humanistic focus. Because illness suffering often leads patients to ask questions about meaning, spirituality is an important component of the illness experience. Yet, nurses often do not feel comfortable providing spiritual care. Having more clearly articulated to myself the role of spirituality in health care and in nursing particularly, I anticipate being able to examine how teaching our students about spirituality and spiritual care might give them a greater comfort level with this important aspect of nursing care.

I have a long standing interest in spirituality, both in my faith tradition and in the experience of depression. Spiritual practices and experiences have the potential to contribute to deep healing from the underlying cause of many illnesses, including depression. I have woven spirituality into my teaching practice and I am engaged in personal spiritual practices. My personal spiritual growth and experience in giving spiritual care will enhance my ability to integrate spirituality into my teaching.

Although the nursing literature on spirituality is increasing, there is still a considerable gap in its application in clinical work. My practice experience and the articulation of its application to nursing practice will contribute to the knowledge about teaching spirituality in undergraduate nursing programs.

Psychiatric Nursing Students Face Off on Medical Nursing Knowledge

Karen Clements, R.P.N., M.A.
Department of Psychiatric Nursing

Competition was keen between Winnipeg psychiatric nursing students for the first annual Medical Nursing Review Championship in the course 69:262 Medical Nursing for Psychiatric Nurses. The students competed in teams during eleven in-class review challenges on medical nursing topics. The student teams used their medical nursing texts and other resources to answer the review questions. Karen Clements, course instructor, says that “working collaboratively with resource material to answer clinical questions is a realistic reflection of how students will practice once graduated. Today’s psychiatric nurse needs to know how to access information quickly from a variety of sources.” Karen also finds she can ask challenging critical thinking questions and use the review questions to add to or reinforce material covered in class. The competition for medals was close with a two-way tie for first place.
I am currently on my first sabbatical leave from Brandon University (July 1, 2009 to June 30, 2010). Six months of my leave were spent in Australia, as a Visiting Scholar at the Joanna Briggs Institute (J.B.I.) which is associated with the University of Adelaide in South Australia. Adelaide is a city of about 1 million people. I rented an apartment 2 blocks from J.B.I. and walked to work. I travelled by bus or occasionally rented a car. Food, housing, and costs of living were about the same as Canada. Obtaining a Visiting Academic Visa was a bureaucratic nightmare. Considerable time and money ($650) went into getting the appropriate documentation in order. If you are considering Australia, you may want to purchase a tourist Visa because it is quite broad in scope and much easier to access.

I chose to spend part of my sabbatical leave with J.B.I. because it is recognized as a global leader in knowledge transfer and knowledge utilisation, matching my research interests. Once I arrived at J.B.I. I met with the Director, Professor Alan Pearson and Mr. Craig Lockwood, Associate Director. We reviewed and revised my project goals and objectives and I was provided with a computer and work station. Mr. Lockwood was my designated mentor and oriented me to J.B.I. As a Visiting Scholar, I was expected to present my research work in a seminar. All of the members of the research institute attended; this made for a great discussion! I participated in an international conference on evidence-based health care and presented two posters, as well as attending an international nurse educator conference. I completed a J.B.I. training program to learn new theory and skills in order to conduct a systematic review of the literature. The systematic review research protocol is finished and I will complete the study with mentoring from J.B.I. senior reviewers at Queens University in Kingston, Ontario. My systematic review will focus on the best available evidence related to the effectiveness of entry level programs to educate health professional students in treating their clients’ tobacco use and dependence.

J.B.I. members have a strong work ethic and normally work a 40 to 45+ hour work week, fairly common in Australia. Since it is a global institute, I met researchers from Great Britain, Taiwan, Thailand, Qatar, Kenya, the United States, Canada, and across Australia. It was exciting to connect with others who share a similar interest in knowledge transfer and utilization aimed at improving global health.
My Year of Living Sabbatically

Department of Psychiatric Nursing

When I first thought about taking a sabbatical year, the main question that I had to answer was: Do I have a good enough reason to take a sabbatical? I thought that I did. I knew that on average, people with intellectual disability have significantly shorter life spans and poorer health than the general population. And, I knew that accessibility to health care was limited, in part, because many health care professionals lack sufficient education about, and exposure to, people who have intellectual disability. With that in mind, my intention was to develop an easy to read resource book that would provide information about intellectual disability and common health problems. I also wanted to inform readers about issues that have an impact on the health and longevity of people with intellectual disability. In addition, I wanted to provide readers with an understanding of support models and strategies for helping individuals with intellectual disability and health needs. My hope was to, at least in a small way, contribute to reducing the information gap experienced by some health care professionals.

Once I began my sabbatical, the challenge was to keep my eye on the prize and make productive use of the time that I had been given. I was grateful for the opportunity to follow this particular interest of mine in a way that was free of other workplace responsibilities, but the finish line seemed so far away. It would be too easy to spend my time chasing butterflies if I didn’t impose some structure on my days. Though I did net a monarch or two, I think that I managed reasonably well. Along the way I was helped by occasional “reminders” that refocused my attention — reminders about: the two women with Down syndrome who were outfitted with explosives that were detonated by remote control when the women entered separate Baghdad marketplaces; the 17-year-old boy with Down syndrome who was denied a heart transplant because he didn’t meet the hospital’s intelligence standard; the high rate of sexual assault experienced by women with intellectual disability; and, the young man with autism whose unsettled behaviour was considered evidence of constipation, instead of the ruptured appendix that eventually killed him. I decided to take the title of my resource book from this tragic incident. In sum, I was reminded that the fundamental reason for the poor health and abbreviated life spans experienced by people with intellectual disability, is that they are simply not valued highly enough.

Near the end of my sabbatical, which I admit now, included long hours of staring at blank pages, some fine-tuning remained. All-in-all though, I was satisfied with the almost-finished product. I had put together a resource book that contained informational and emotional messages about health care and intellectual disability that also represented my own belief and value systems, and to an extent, my own outrage at the unfairness that’s too commonly extended to people with intellectual disability.

From the completed resource book I assembled what I thought were the core messages and shared them with interested colleagues and students during the School of Health Studies Seminar Series. My sabbatical work also enabled me to produce a poster presentation that I shared at a conference on developmental disabilities, and I was able to publish a paper on my findings. So far, the resource book has been distributed to a handful of health and support agencies and I was gratified to learn that one agency is using my work as a resource for its ethics committee. While I’m still trying to extend the reach of my recent work, I’m looking forward to the possibilities that may reside with the next sabbatical. “Dear colleagues, beginning July 1st…”

NURSE PRACTITIONER, continued from page 8

This year for the first time, one of the 3rd year students spent a day with me in my practice in Hamiota. For her, there were many “Ah-Ha” moments in the day and many times her eyes were wide open with interest in this different type of nursing. We saw ill children, troubled teens, an expectant woman, a lady going through menopause, as well as seniors with chronic disease and acute illnesses.

At the end of the day she told me that her experience made the process of conducting health assessments so much “more real” and she had gained a new level of insight into the role of primary care. This student told me and others that, after that day, she was convinced that she wanted to also pursue a career as an advanced practice nurse. That’s good because many more will be needed in the years to come. I hope that in our program, we can expand this exposure to primary care and extended practice in the years to come. More exposure, more experience, more understanding: it’s all good.
Connections
Caring
SHS

The School of Health Studies Support Team

Corrine Edwards, R.P.N., B.Sc.P.N.
Department of Psychiatric Nursing

Roberta Graham, M.M.F.T.
Department of Psychiatric Nursing

Visitors to the School of Health Studies are welcomed in the newly created General Office of the School of Health Studies located along the main hallway of the Administrative floor. There they will find Wendy Haidey, Office Assistant for the Department of Nursing and an empty desk, former home of newly retired Barbara Jackson, Office Assistant for the Department of Psychiatric Nursing. The General Office is a bright new space, opened in May 2009, which provides greater visibility and accessibility to visitors, students and faculty.

Wendy Haidey, Office Assistant, Department of Nursing, is the loving and proud grandmother of two, and mother of two sons, both of whom are Brandon University alumni. Wendy has a long history with Brandon University, having worked with the WESTARC Group for ten years. In 2001, she began working with the Faculty of Nursing, University of Manitoba, off site campus in Brandon, but returned in 2004 when the nursing program moved to Brandon University. Wendy’s attention to detail, her enjoyment in working with the students and her willingness to assist make her a great asset to the School of Health Studies. It is obvious, however, to anyone who knows her, that it is her role as Grandma that gives her the greatest joy.

The School of Health Studies is privileged to have an excellent array of technology to support the teaching and research activities of the faculty. Darlene Paquette is the Technical Resource Assistant who provides the expert knowledge and assistance required to ensure faculty have access to the technology and it operates effectively. Darlene also came to Brandon University via the University of Manitoba, Faculty of Nursing, having started with that program in 2001 and moved with it to B.U. in 2004. Her role as a Technical Resource Assistant has evolved into a demanding position which she enjoys. Darlene has been actively involved as a community volunteer for over 30 years. She recently received the 2010 YWCA Women of Distinction Award. Darlene and her husband Pete are proud parents to a step-daughter and two wonderful granddaughters.

Barbara-Jean Jackson, or BJ as she was affectionately referred to, retired from her position as Office Assistant on May 12, 2010, ending her 31 year career with the Department of Psychiatric Nursing. She began her career as a civil servant during the time when the Psychiatric Nursing program was a Diploma program offered by the Government of Manitoba through the Brandon Mental Health Centre and she moved with the program when it became a 4 year degree program offered on campus at Brandon University in 1998. Renowned on campus for her “green thumb” evidenced by the beautiful planters at the entrance to the building as well as the award winning lily garden on 18th Street behind the Brandon University sign, Barbara-Jean attained her Master Gardener designation from the University of Saskatchewan as well as a Horticulturalist Certificate from the University of Guelph. She is a well recognized grower and author, serving as co-guest editor in 1995 and on the editorial board to 2010 as well as being a regular contributor to The Prairie Garden Journal. She also writes for many other plant related publications. We wish Barbara-Jean well as she embarks on this new chapter in her life and hope she will enjoy her garden and sharing her expertise with other gardeners across Canada and around the world.

In May 2010, Judy Ramsay, Administrative Assistant to the Dean of the School of Health Studies, was recognized for 25 years of Long Service at Brandon University. Little did she know that when the “cleaning staff” let her into her “new” office in the Faculty of Science to begin a 6 month term position in 1985, that she would have such a long and rewarding career at this University.

In 1988, a co-worker invited Judy to take a couple of geography courses.... for “moral support” and 14 years later in May 2002, graduated with a three year Bachelor of Arts degree (double major in Rural and Community Studies
and Sociology). She was awarded the Brandon University Gold Medal in Arts. Judy received the G.F. MacDowell Scholarship in Sociology to proceed to a four year degree, motivating her to continue her studies. In 2003, she received the Helen C. Riesberry Scholarship in Social Sciences and in May 2004, Judy completed a four year Bachelor of Arts degree with a major in Sociology and a minor in Geography. She was awarded Honorable Mention for the Governor General’s Award. Judy is forever grateful to Dr. Linda Ross, previous Dean of the School of Health Studies for all her support in completing her baccalaureate degrees.

Judy has a passion for helping others in less developed countries. She volunteers her resources, skills, and vacation to join others from Canada and the United States to build much needed churches and schools through an organization called Maranatha Volunteers International. To date her passion has taken her high into the Andes Mountains to elevations of 14,000 ft., to the Uros Islands on Lake Titacaca in Peru. These are floating islands made from the natural floating reeds where the indigenous people live year round. She stood on the equator in Ecuador and travelled the “road to death” to build an elementary school in the jungle. Here she slept on a floor where snakes (some deadly poisonous) enter the buildings on a regular basis. In Chile, her church still stands in spite of total devastation from the most recent earthquake. In El Salvador, Judy painted the school and homes of orphaned children, victims of civil war that have ravaged that country over the decades. In Chiapas, Mexico, her team lived in a “hot spot” where Zapatista guerilla armies and Mara Gangs are at war with the Mexican Government. Illegal immigrants have their human rights violated and the military police stop and check vehicles at every corner. Here Judy had the thrilling experience of spending days with the Ch’ol indigenous people in remote mountain villages. These people are subsistence farmers who plant corn on mountain sides so steep you can hardly stand up. During quieter times, Judy enjoys serving her local Seventh-day Adventist church as Treasurer, Devotional Speaker, pianist and Board Member.

Judy has spent the last 15 years enjoying the company of her companion’s three children and watching them become mature, accomplished adults.

The School of Health Studies, Department of Psychiatric Nursing is proud to be able to offer the psychiatric nursing program to students in Winnipeg through the Winnipeg site, on the lower level of the Rice Financial Building, 491 Portage Avenue in Winnipeg. Joy Henault provides administrative support to the faculty and students at the Winnipeg site.

Joy joined Brandon University - Winnipeg site in February, 2008. In her role as Office Assistant/Technical Resource at the Winnipeg site, Joy keeps her fingers in many pies—everything from assisting faculty, the student advisor, and students with registrations and orientation, to maintaining and operating technical equipment. She is the “go to” person for everyone’s questions whether they be computer related or how to handle a broken water pipe in the ceiling.

Prior to coming to Brandon University, Joy worked 15 years as the Finance/Office Manager of a Winnipeg personal care home. She originally hails from Thunder Bay, Ontario having lived in Saskatoon, Ottawa and now Winnipeg. Joy enjoys trying to keep up with the activities of her own two adult children, her partner’s three children plus his three grandchildren. Joy’s creative side comes out in her passions for cooking for a crowd, knitting, crocheting and playing the piano; and then there’s always Spider Solitaire on the computer.
Taking Clinical Practice to the Next Level: My Role as a Nurse Practitioner

Judy Marvin, R.N. (E.P.), M.N.
Department of Nursing

In Manitoba, Nurse Practitioners (N.P.s) are Registered Nurses who have obtained Master’s level nursing education specifically in advanced clinical practice and have successfully passed a national N.P. exam. N.P.s have the training and authority to conduct advanced assessments (including pap testing and biopsies), order diagnostic tests (including lab, EKG, Ultrasound, CT scans, and X-Ray imaging), perform minor procedures such as mole removals/suturing, and independently prescribe most medications (including contraception, antibiotics, as well as diabetes and blood pressure controlling drugs). Most N.P.s in Manitoba are employed by the Regional Health Authorities in clinic settings providing primary care to people of all ages. Primary care includes annual general check-ups, prenatal care, wellness screens, episodic care for health problems, and follow-up care for chronic illness management. Some N.P.s also work in the Emergency Room providing advanced care to suitable people. Some N.P.s are members of specialty teams in other settings. Currently, I travel about 100 km north of Brandon to Hamiota, MB twice per week to work collaboratively in the Medical Clinic with a team of “salaried” (as opposed to fee-for-service) interdisciplinary health care professionals including five family physicians, a primary care nurse, a public health nurse, home care, and lab/diagnostic imaging specialists. In my practice I am able to take time to get to know people, to investigate their relevant personal and family history, and to assess, diagnose, and treat their health problems. A significant portion of my time is spent on health promotion, helping people address lifestyle factors that contribute to their health while providing information and support as appropriate. Along with other members of the interdisciplinary team, N.P.s strive to ensure that peoples’ needs are met in a holistic manner.

Practicing in an Extended Practice role allows me to complete my “360 view” of the continuum of care. In this role I have the chance to provide care to well and ill people of all ages. Each “patient visit” takes me to a different stage of the life cycle and a different step on the continuum of care. Through these visits, as well as my personal reflections on them, I have gained stronger knowledge of a myriad of disease states and the factors that influence their development. This knowledge informs my practice, my teaching and eventually, other forms of scholarship.

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