



Welcome to the spring issue of News Brief! It's exciting to see the wonderful contributions members of the Faculty of Health Disciplines "family" are making to health care across Canada and around the world — and we're pleased to share this collection of news and stories with you.

Thank you to everyone who sent a note about recent activities and story ideas. With your continued involvement, News Brief will keep our community's connections strong. We'd love to hear from you!

[Send a note to fhdnews@athabascau.ca.](mailto:fhdnews@athabascau.ca)

Enjoy the promise of warmer days — and an interesting read!

Bill Diehl-Jones and Jananee Rasiah, co-editors



### He ~~was~~ wasn't such a nice guy

A tragedy in 2011 — three young people in Alberta were murdered by one of the women's ex-boyfriends — set Lynn Corcoran on a new research path. It's one she hopes will better equip young people to say "that's not okay" and "get out of this."

[Read more](#)



### A powerful weapon against Ebola: compassion

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[Read more](#)



### The fly-in, fly-out lives of faraway fathers

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[Read more](#)



### Entering the age of transitions

It might be the day you qualify for a senior's discount, or when you glimpse that "stranger" in the mirror. That's the day you know you're an older adult and you've embarked on a new journey in life. Research by Dr. Annette Lane can help us — and our loved ones — navigate the way.

[Read more](#)



### Leading the way to patient engagement in research

For years, patients, their families and communities have been research subjects. Now they're being invited to become research partners, to help to shape questions, determine methodology and analyze outcomes. AU's Dr. Virginia Vandall-Walker is on the vanguard of Alberta's efforts.

[Read more](#)



### Advocating for homegrown nurses

Remote communities often find it difficult to recruit and retain health care practitioners. Angie Mann, an AU alumna in High Level, Alta., is hoping to solve this problem by finding ways for people who love where they live to earn the credentials to become nurses — without leaving home.

[Read more](#)



### Active living corner: Wearable tech could help you get fit, bit by bit

Spring is in the air! Are you trying to put a little more spring in your step? Looking forward to shaking off those winter blahs and getting more active? Dr. Terry Murray looks into how technology can help with fitness — and as she writes in this article, there's an app for that!

[Read more](#)



### News and notes from here and there

Thanks for sharing your news with us. Here are some of the contributions you're making to patients, communities and health care across Canada and beyond. To have your news included in the next issue, send an e-mail to [fhdnews@athabascau.ca](mailto:fhdnews@athabascau.ca).

[Read more](#)

**Share your news!** Submit a story! Let us know what you want to read about! [Drop us a line](#) and help grow and strengthen the Faculty of Health Disciplines community. Together, we'll have the conversations that matter to you.

**Invest in the future of health care** by donating to student awards, research and scholarly activities, and learning resources. Find out more by visiting the [Caring for the Future](#) website — and donate online.

## He ~~was~~ wasn't such a nice guy

*A tragedy in 2011 — three young people in Alberta were murdered by one of the women's ex-boyfriends — set Lynn Corcoran on a new research path. It's one she hopes will better equip young people to say "that's not okay" and "get out of this."*

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For young people, romantic relationships can be both exciting and challenging. "Nice guys" may not be what they seem, "fun" can mask violence and, as reported in the media all too often, missing the signals can be dangerous and deadly.

**Lynn Corcoran**, academic coordinator in the Faculty of Health Disciplines, has focused her PhD research on looking for insights that will help young people recognize the warning signs of potential partner violence, and give them tools to help them avoid danger.

"Young adults are going through a major transition in life," she explains. "They're moving from living with their parents and focusing on school and dating, to living on their own, pursuing higher education, figuring out their world view, working full-time and finding a life partner.



"Because of social media, it's not like it was for previous generations. Young people are authoring their lives online. It is really complex, and boundaries, laws and how we think about relationships haven't caught up to technology."

Add to that a world where public and media violence are more prevalent and two important questions emerge: What do healthy romantic relationships look like? When does an unhealthy relationship have the potential to become violent?

Corcoran is looking for answers, and her research has included interviews with 12 young people aged 18–29 and review of media reports. "There is a lot of power in the words of young adults, and I want to honour what they've contributed to the research." She is now analyzing her data and hopes to share her completed findings later in 2015.

"I hope to help young adults recognize those 'in-between spaces' and warning signs — that they'll be better equipped to say 'that's not okay' or 'you need to get out of this,' whether they're looking at their own relationships or those of their friends'."

➔ ***For a look at initial findings, see the next page ...***

## Corcoran's initial findings include:

### 1. Stigma: Recognizing and labelling violence

While young adults are comfortable talking about healthy and unhealthy relationships, they're reluctant to label actions and behaviours in their relationships as violence, even when it obviously is. This stigma clouds young people's view. "An abused woman is thought to be meek or mousy; someone who can't stand up for herself or figure out how to leave. An abusive partner is thought of as mean or a jerk," Corcoran says. In reality, people are composites, and stereotypes stand in the way of seeing things as they really are.

### 2. The ambiguity and uncertainty of consent

Young adults entering their first intimate relationship have little to compare it to, and get mixed messages from media and friends. Consent is complex. Some young women report feeling pressured into giving consent, some are ambivalent. Is that consent? "It's all very black-and-white when you read about it in a brochure, but when you talk to young adults, you realize it's a grey area. It can be complex and hard to discern." And, she adds, citing the recent case of federal MPs embroiled in a consent issue, "If people in their 40s can't figure it out, how do we expect young people to?"

### 3. Jealousy: When level-headed people do crazy things

The green-eyed monster can rear its ugly and dangerous head when least expected, and can cause typically level-headed people to engage in behaviours that are seemingly out of character. Jealousy is fuelled, in part, by today's social-media-intense world. "Electronic creeping (looking repeatedly at pictures and posts on Facebook, Instagram and Snapchat), checking someone's phone to see who they've been texting — all of this can spark jealousy."

### 4. Predators, prey, and protection

People thrive — and are safest — in groups. Sticking together is a good thing, but one of the first things violent people do is isolate their victims. "There's more protection in a group," Corcoran says. "But it's not just about physical safety. It's also psychological safety, about having the support of others that comes from being in touch with your peers."

*Lynn Corcoran hopes to share her findings as widely as possible, and welcomes ideas that will help put this information in the hands of young people, educators, health care workers and others. She can be reached by calling 1.888.281.5812, toll-free.*



## A powerful weapon against Ebola: compassion

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**Patrice Gordon**, Master of Nursing: Nurse Practitioner graduate, returned home from West Africa on Christmas Day in 2014. It's quite likely that on this day that centres around gifts, people in one community believed they'd already received the greatest gift of all: compassion.

**Gordon was part of a 20-member Emergency Response Unit drawn from around the world and deployed to Sierra Leone by the Red Cross in November 2014.**

"I was 'healthily cautious,'" she recalls. "But what if it were us? What if something cut the legs out from under us like it has in West Africa? Wouldn't we want people to help? If I was watching my children die and my community fall to pieces, I'd want help."

### Working on the front lines of a horrible disease

Gordon was assigned to an Ebola treatment centre in Kenema. People arrived every day, sick and some having travelled 4–6 hours in unbearable heat. Large tents, surrounded by two 4' isolation fences, housed people who had or were suspected of having the disease. Beyond this perimeter was the medical control centre, pharmacy, stores, kitchen, laundry, morgue, cemetery and other services where about 140 staff worked.

Gordon looked after about 180 patients during her time there. Some were at the centre for three weeks or more; others died shortly after arrival. About half got better. Most were in their 20s and 30s, but for the 20 percent or so who were under the age of 10 — many of whom arrived without their parents and were "scared to death" — the survival rate was poor, a thought that continues to weigh on Gordon.



*Cradling baby Magdalen, who survived Ebola*

It took 10–15 minutes to suit up in personal protective equipment for rounds that lasted no more than an hour because of the stifling heat. "It was rudimentary medicine," Gordon says, "using only your eyes (through goggles) and hands (through two pairs of gloves) to see how people were doing." Rounds ended by carefully peeling off layers of clothing that were subsequently soaked in chlorine or burned. After a 90-minute break, they'd do it all again.

### Love can fill goggles with tears

It's hard to imagine connections of any kind even being possible in this chaotic and tragic environment —but it was the kindness amidst the horror that Gordon believes offered profound healing power.

Because there is no cure for Ebola, the emphasis was on doing whatever could be done to keep people hydrated, and if possible fed, so their own immune systems could fight off the disease.

“We did everything we could to make it as positive as it could be. It sounds crazy, but I saw the amazing side of humanity. Sometimes, inside the high-risk area, we would just sit with someone, or draw a picture with a child.”

Compassion was returned when she learned one of her son's friends had died. She took only the day off, returning to patients worried about her. Aruna, a man so sick that Gordon expected to see his name on the morgue board, held her gloved hands and gave her a message. “He said, ‘You come every day and lift us up with stories about feeling love. You tell your son that a 26-year-old man in Sierra Leone is sending all that love back. We've needed it — and now you need it.’ My goggles filled with tears.



*Dressed in full protective gear*

“It was so incredibly powerful to see this beautiful human spirit amidst this horrible, devastating disease.”

### A life — and lives — changed

After Sierra Leona, Gordon returned to her job as a Family Nurse Practitioner with Interior Health/Chilcotin Primary Care Services in B.C., travelling extensively to work with eight largely First Nations communities. But life will never be quite the same.

“I came home hugely affected by this experience,” Gordon says. “It was emotional work — and I feel like a bit of a fraud because I gained so much as a human being by going there. Hugs alone wouldn't have fixed anything. It was an important medical job. We saved lives and prevented infections.

“And we proved that when we give of ourselves, it makes the world more like a family. That's what pulls me back.”



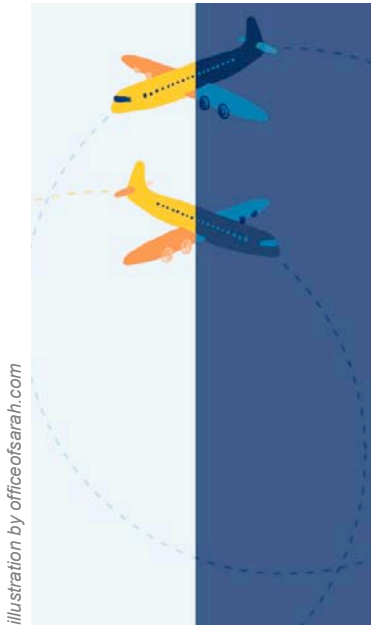
*Out of protective gear*

*On the day Patrice was interviewed for this story, she was contacted by the Red Cross again, and asked to be on standby to assist with the aftermath of a devastating cyclone in Vanuatu. She wasn't needed this time — but is ready when the next call comes.*

## The fly-in, fly-out lives of faraway fathers

*Thousands of workers across Canada 'commute' regularly to jobs at remote, isolated work sites. Drs. Jeff Chang and Simon Nuttgens are focusing on this relatively new work/life phenomenon — and are asking families how they make it work.*

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Even with the economic slowdown, Canadian workers are on the move. Thousands have “fly-in, fly-out” jobs that take them away from homes and families for regular 10-days-on/10-days-off work cycles. It’s a year-round reality — but little is known about the impact of these repeated transitions on workers and their families.

**Drs. Jeff Chang and Simon Nuttgens**, associate professors in the Faculty of Health Disciplines, want to change that. Their Faraway Fathers research will look at the experiences and psychosocial impacts of fathers who do transitional work and are away from their families for significant periods of time.

“People have always gone away to work — serving in the military, working abroad or in industries such as transportation, fishing or forestry — but it’s only over the past 10–20 years that we’ve seen these repeated, regimented schedules to such an extent,” says Nuttgens.

“Life can be complicated for these workers and their families,” Chang explains. “Even with Skype or e-mail contact, partners can worry. There are situations where fathers come home and say, ‘These are my days off and I’m not going to babysit.’ Others might say, ‘I really want to be an involved dad, but my wife has things so tightly structured that there’s nothing for me to wiggle into.’ ‘There can be domestic violence.’

**Many families are adept in handling transitional work — despite stressors that can have a psychological impact on workers, spouses and children, which are sometimes serious enough to be defined as clinical problems** — and these are the people Chang and Nuttgens are eager to speak with.

“If we can find out what people do to cope well — so both parents are involved parents, and so the couple has a healthy relationship even when they don’t see each other for a week or more — then we can help families adjust to changing work patterns,” Nuttgens says. And, Chang adds, “If we find something new or crystallize something we’ve known, we can share information that will be helpful to practicing counsellors and to those entering the field. Companies can incorporate this into their wellness programs as well, which ultimately will have an impact on safety, productivity and profitability.”

*This is an excerpt from AU’s Open magazine. [Read the full issue here.](#) Want to know more about Faraway Fathers? Contact Dr. Jeff Chang (866.901.7647) or Dr. Simon Nuttgens (866.916.9653) toll-free.*

## Entering the age of transitions

*It might be the day you qualify for a senior's discount, or when you glimpse that "stranger" in the mirror. That's the day you know you're an older adult and you've embarked on a new journey in life. Research by Dr. Annette Lane can help us — and our loved ones — navigate the way.*

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What started as a Baby Boom is now an Older Adults Boom. People are living longer — the fastest growing demographic is those aged 85+ — and generally leading healthier lives, but there's no denying a world that's growing older has implications for individuals, families, systems and societies.

"Research shows that people have some of the most interesting, meaningful and fulfilling years of their lives as older adults, aged 55–75," says **Dr. Annette Lane**, associate professor in the Faculty of Health Disciplines, who investigates issues of aging not well represented in current research.



"Older adulthood can be a time of tremendous productivity, joy and purpose. It's a time when people can change their focus and do things in life that reflect their identity."

After 75, life may change, illness may set in and the risk of dementia rises. It's also the time when making some of life's important transitions can be most challenging. Lane and her twin sister, Marlette Reed (a palliative care chaplain), have co-authored a

book to be published this spring, *Older adults: Understanding and facilitating transitions* (to be published by Kendall Hunt), that aims to make the process a little easier.

Written primarily for nurses, social workers, psychologists and other health and human services professionals, its readable "plain speak" style also makes it a valuable resource for families.

"Transitions we face in older adulthood can be so much more difficult than those in younger adulthood," Lane notes. Moving to a long-term care facility, for example, can be a gut-wrenching process for older adults and families alike, and dealing with health issues can make that challenge even greater.

— continued —



“When you see your parent declining mentally or physically, you try to ensure they get as much choice in life as possible,” she explains.

“What often happens is older adults are alone in the grief they experience from the transition of their health and from the transition to a new home, during which they try to be stoic so they don’t burden their children and families. Family members, too, are also often alone, finding it difficult to share their grief with their parent or their spouse.”

Lane’s book looks at transitions such as these and why they’re more difficult, and also unravels the “domino effect,” where one transition leads to another and can have a particularly unsettling effect on older adults and family members.

“The coping mechanisms people would have used in their 30s and 40s won’t work in their 70s and 80s. In this book, we look at ways to help.”

*Lane has also co-authored a second book to be published this spring. She and Dr. Sandra Hirst from the University of Calgary have written the first Canadian edition of Carol Miller’s Nursing for Wellness in Older Adults, a text well known to Nursing students. The book will be published by Lippincott.*

*‘Everyone wants to have hope and meaning in their lives. If you take that away, things can go downhill quickly.’*

Dr. Annette Lane

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## Leading the way to patient engagement in research

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A common thread runs through the many research projects undertaken by **Dr. Virginia Vandall-Walker**, associate professor in the Faculty of Health Disciplines: connecting and engaging with patients.



From involving families dealing with critical illness and end-of-life care, to engaging men who have had prostate surgery in the development of a research-based patient booklet, “I’ve always believed in asking those you are caring for or interacting with, what they need. It has informed my nursing practice from Day 1.”

**That focus makes Vandall-Walker a natural choice to lead the Patient Engagement (PE) platform of the Alberta SPOR (Strategy for Patient-Oriented Research) SUPPORT Unit** — the province’s initiative in response to a national focus to promote the involvement of patients, families and citizens (collectively termed “patients”) in the research process, from beginning to end.

Her appointment last December reflects the body of her research, her enthusiasm for leading new ventures, and the kind of research undertaken at AU.

SPOR is an initiative funded by the Canadian Institutes of Health Research through SUPPORT (Support for People and Patient-Oriented Research and Trials) Units across Canada. Alberta’s SPOR SUPPORT Unit has seven province-wide platforms administered by Alberta Innovates – Health Solutions.

“Patient engagement in practice and research is increasing worldwide,” Vandall-Walker explains. “This focus in terms of research can enhance safety and satisfaction with care, can result in more tangible, practical outcomes, and ultimately can reduce costs. Engaging with patients helps researchers hone their skills by looking at real-world questions.”

This movement to involve patients also reflects a societal shift. “People ‘own’ more of their health information,” she notes. “They’re far more informed — and want to be far more informed — than previously. We’re not as accepting of a paternalistic health system, and are demanding more of a say in care and decision-making. Everyone needs to learn a new way to do things. Researchers will need to embrace patient engagement, and patients will need to learn how they can be involved in research.”

The Patient Engagement platform is positioned to support researchers and patients as they engage as partners in research. Ultimately, the aim is to improve health care in a meaningful way — and Vandall-Walker’s appointment bodes well for progress toward that end.

## Advocating for homegrown nurses

*Remote communities often find it difficult to recruit and retain health care practitioners. Angie Mann, an AU alumna in High Level, Alta., is hoping to solve this problem by finding ways for people who love where they live to earn the credentials to become nurses — without leaving home.*

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“We have fantastic health services here; great physicians, nurses and staff,” says **Angie Mann**, Master of Health Studies graduate and Director of Clinical Operations, Area 1, with Alberta Health Services. “We can do anything. But we also have many LPN and RN vacancies, and it would be great if we could fill those positions with local people who already have roots in the community and want to live here.”



Mann oversees operations in communities including High Level, Fort Vermilion, La Crete, Paddle Prairie and Rainbow Lake. Accessing traditional Bachelor of Nursing programs from these communities is difficult, requiring residents to be away from home for extended periods of time. Given family responsibilities and the expense, few can. “Currently, about 20 local LPNs are interested in becoming RNs. But they can’t just leave.”

**So instead of people going to university, Mann is advocating for university to come to them. She’s passionate about a “grow your own” initiative that hinges on Athabasca University’s proven ability to deliver programs where people live and work.**

“My own experience enabled me to see the advantages of distance learning, and how AU can help communities like ours develop their own people,” she says. “Knowing that, we continue to look to support LPNs who want to become RNs through distance programs.”

“The need isn’t just here — it’s in every rural, remote or First Nations community,” she adds. “If we do this strategically and embrace this option, it has huge potential. A small investment now would enable us to meet our own needs and would cost less over the long run. Ultimately, it will translate into better care for patients because we’ll be able to offer and sustain more local services.”

As an added benefit, she believes it would also encourage more residents to become LPNs in the first place. “Who wouldn’t want to become an LPN, knowing that you won’t have to leave your family or community to become an RN?”

ACTIVE LIVING CORNER

## Wearable tech could help you get fit, bit by bit

*Spring is in the air! Are you trying to put a little more spring in your step? Looking forward to shaking off those winter blahs and getting more active? Dr. Terra Murray explores how technology can help with fitness — and as she writes in this article, there’s an app for that!*

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Getting off the couch and being physically active can be difficult, especially if you have to work around the demands of a career or a young family.

**Fortunately, there are now many online resources and apps that can help you get motivated, set realistic goals and turn your activity plans into action.**



For me, these resources are especially helpful when trying to get back into my running routine. I needed that little extra push to get out the door and keep me interested.

**Using a device that can track your activity and provide you with feedback can be a great way to give yourself that incentive.**

Wearing pedometers on your belt used to be the way to track activity by counting steps, but they were a bit clumsy and awkward (and prone to falling into toilets!). Old-style pedometers also didn’t have any “extras” to go with them. You could “see” your steps, but that was about it.

Newer activity-tracking devices sync automatically and wirelessly to your computer and smart phones. Information can be tracked and displayed in real time. In addition to number of steps, these devices provide information about time spent asleep and awake, record moderate and strenuous activity, and indicate energy expended. Information can even be shared among friends or groups to encourage some friendly competition, such as seeing who can take the most steps in a week.

A popular device I’m using right now is a Fitbit Flex. Worn around the wrist like a watch, it automatically downloads and displays my data visually. I can create personalized goals and the app will email me a weekly progress report. By analyzing my workout patterns, it lets me know when my next run should be. So, as I’m winding down in the evening, enjoying a glass of wine, I get my reminder that my next workout will be tomorrow, and I start to plan when I can fit it in.

If you’re looking for a way to help jumpstart a new activity — or to find added inspiration to get outdoors and enjoy these longer-light days — a monitoring device might be “just the right fit!”

## News and notes from here and there

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### SEE YOU THERE! June 11–12 Faculty of Health Disciplines Convocation Banquet and Ceremony

Graduates, faculty and staff, please join your peers and faculty to share in this wonderful annual celebration of achievement. Invitations have been sent!

**Convocation Banquet: Thursday, June 11** at the Matrix Hotel in Edmonton. To reply or if you have questions, e-mail [fhdcontact@athabascau.ca](mailto:fhdcontact@athabascau.ca).

**Convocation: Friday, June 12** at the AU campus in Athabasca. Please direct your questions to [convocation@athabascau.ca](mailto:convocation@athabascau.ca).

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**Maria Bouzetos**  
*MC student*

... received the Walker Family Master of Counselling Scholarship. The scholarship, established by former AU Board Chair Barry Walker and his wife, Valerie, is awarded to a student entering the third year whose practicum focuses on services to children or youth in a community, residential or Faculty setting

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**Tiffany Court**  
**Light Ogoeghunam**  
**Vanessa Tilson**  
*BN students*

... each received a Marlene M. Burnett Award in Nursing from AU. These awards were established by David and Marlene Burnett to recognize the contributions and achievement of students completing clinical courses, and help students who travel away from work to complete these courses. Three are awarded each year

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**Dr. Margaret Edwards**  
*Dean*



... was appointed Dean of the Faculty of Health Disciplines for a five-year term on Aug. 1, 2014. Margie has been serving as Acting Dean for the past two-and-a-half years

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**Kathy Fortunat**  
*BN alumna*

... is Director of Nursing at Sherwood Care, a 100-bed voluntary long-term care centre in Sherwood Park, Alta. In summer 2014, she worked with colleagues and staff to conduct a clinical trial on skin care products as a QI project to improve outcomes for residents and to address concerns over increased rates of Incontinence Associated Dermatitis. She presented the results at the Canadian Association of Wound Care and Canadian Association for Enterostomal Therapy Conference in October 2014, and is currently preparing a paper for publication

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**Andrea Gormley**  
*Post-LPN to BN alumna*

... has moved into a PCC position where she is using her talents and passion for excellence in healthcare and leadership. "I go to work every day full of gratitude and excited to work with my team to make my workplace the best it can be for my staff, patients and families. I could not have moved up, or been better able to support my family and my personal growth and satisfaction, if it had not been for the opportunity that Athabasca University offered me!"

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**Dr. Pamela Hawranik**  
*Associate Professor*

... is part of a research team that has received funding from the Network of Excellence in Seniors Health and Wellness for a project entitled Northern Home Care Knowledge to Action Strategies that Support Persons with Dementia and their Family Caregivers. She was named the Canadian Network of Nursing Specialties' representative to the CNA board of directors in September 2014, for a two-year term.

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**Lindsay Hill**  
*Post-LPN to BN alumna*

... impressed staff and managers with her exceptional knowledge and skills in her clinical placement, and was hired to work in Edmonton's Grey Nuns Hospital ER partway through her final course

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**Kaitlyn (Kat) Hillier**  
*MC student*

... will see her article, focusing on providing culturally sensitive practice to persons identifying as Pagan and co-written with **Dr. Paul Jerry**, published soon in the *Canadian Journal of Counselling and Psychotherapy*. She has also devised a new framework and methodology to practice traditionally long-term, psychodynamic therapeutic approaches in a short-term capacity (which is the current medical model of therapeutic practice), and aspires to pursue doctoral studies in Psychology once she completes her clinical practicum hours

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**Michelle Jeannotte**  
*MN:NP alumna*

... works in primary care with the Edmonton Southside Primary Care Network, seeing patients of all ages and also doing many home visits. She spent a year with Alberta Health Services in urgent care, leaving in December 2014 to focus on Dermatology and cosmetics. She has written public health articles on hay fever in French for *En Action* for the federation du sport francophone de l'Alberta, and also on acne and milk products for *The New You*. She volunteers with the Hope Mission and the Refugee Clinic.



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**Christine Kluczynski**  
*MN student*

... and her family were featured in a ***Toronto Star* article**, and soon will be in the RNAO magazine as well, sharing their journey with prematurity. She is advocating for creation of a mental health outreach team as an extension of neonatal follow-up clinics, and has written a proposal for this program as part of her AU Proposal course. She hopes to meet with the Provincial Child Advocate of Ontario to garner support. "The literature clearly identifies this as a problem and I have many letters of support from fellow preemie parents."



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**Nhu An Lam**  
*MC alumna*

... is excited to be working in community mental health on the co-occurring treatment team with Lifeline Connections in Vancouver. In addition to working with adults diagnosed with mental illness and/or substance use disorder, she is also preparing to lead a therapeutic writing workshop based on narrative therapy

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**Dr. Kimberley Lamarche**  
*Associate Professor*

... is also Captain Kimberley Lamarche, medical platoon commander of 35 Field Ambulance with Canada's Reserve Force. In February, she took part in Exercise Stalwart Goose 15 at 5 Wing Goose Bay, Labrador. Soldiers from 37 Canadian Brigade Group worked with the Atlantic area's Immediate Reaction Unit, the Arctic Response Company Group, 5 Canadian Ranger Patrol Group, Royal Canadian Air Force and RCMP to conduct winter survival and combat skills. She's off to warmer climes in May as part of Operation Continuing Promise, working with the U.S. Navy on the USNS Comfort for three weeks offering humanitarian support to people in Jamaica, Nicaragua and Panama. **Kimberley is hoping to blog about her adventure — watch your inbox for further details — and see the fall issue of *News Brief* for a feature story on Capt. Lamarche's volunteer efforts!**



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**Dr. Annette Lane**  
*Associate Professor*

... has collaborated with colleagues on two books that are being published this spring: *Older adults: Understanding and facilitating transitions* and the first Canadian edition of Carol Miller's *Nursing for Wellness in Older Adults*

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**Chantal LeBlanc**  
*MHS student*

... received one of AU's Excellence in Research Scholarships in 2014. In March, she presented her thesis proposal "Chronically Ill Hospitalized Children's Perceptions of 'Play in Hospital': A Qualitative Description Study" and preliminary findings at the Crossroads Interdisciplinary Student Health Research Conference in Halifax

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**Jenna Loehndorf**  
*Post-LPN to BN alumna*

... so impressed staff and managers with her exceptional knowledge and skills in her clinical placement that she was hired to work in ER at the Lloydminster Hospital in Saskatchewan partway through her final course

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**Jacquie Mann**  
*Academic Coordinator*

... received the Queen Elizabeth II Graduate Student Scholarship in April 2015, which rewards the high level of achievement of students pursuing graduate studies who reside in Alberta

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**Dr. Sherri Melrose**  
*Associate Professor*

... led a multidisciplinary group that wrote *Supporting individuals with intellectual disabilities & mental illness: What caregivers need to know* — which is available free for online reading at [opentextbc.ca/caregivers](http://opentextbc.ca/caregivers). The "key points for caregivers" sections throughout the book are audio files

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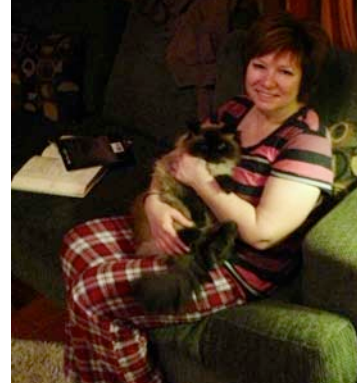
**Dr. Beth Perry**  
*Professor*

... has collaborated with Faculty colleagues **Dr. Sherri Melrose** and **Dr. Caroline Park** on a book, *Creative Clinical Teaching Strategies*, which is awaiting publication

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**Joanne Roberts**  
*MN:Generalist alumna*

... says, "The best context for learning occurs in an environment where you are most comfortable" and she did her best reading and papers while sitting near the fire at her remote cabin in northern Manitoba. She was one of only 15 students accepted into the University of Alberta's online PhD program earlier this year, and has also joined the nursing faculty at the University College of the North. She credits the influence and guidance of **Joyce D'Andrea** for helping to understand research and instilling the confidence to go farther



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**Wanda Roberts**  
*Post-LPN to BN student*

... has been a nurse in Yellowknife, N.W.T., for 20 years and is a member of the NWT Network to Prevent Abuse of Older Adults, which comprises more than 50 members representing almost every northern community. Wanda received training from Western University and the Canadian Association of Occupational Therapists on responding to suspected elder abuse, and has shared this information by conducting community workshops. She returns to Western this May to collaborate with colleagues on elder abuse prevention strategies

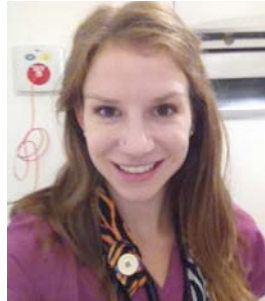
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**David Starmer**  
*MHS alumnus*

... is a chiropractor whose list of accomplishments is growing rapidly. During and after his AU studies, he has: become the Educational Coordinator for the Simulation Laboratory at Canadian Memorial Chiropractic College; received three teaching awards; presented numerous posters and workshops nationally and internationally; had articles in several publications; and, received a major research award at an international conference (publication pending). "Your courses ... laid the foundation of skill and knowledge while motivating me to get involved and pursue excellence. I doubt many of these things would have occurred without [the Master of Health Studies] program and the mentorship I received [at CMCC]."

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**Vanessa Tilson**  
*Post-LPN to BN student*



... has been working as a Medical/Surgical LPN at the Kelowna General Hospital for the past three years, and plans to graduate from AU in 2016

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**Lizelle Tucci**  
*MHS alumna*

... has been accepted into AU's doctoral program in Distance Education

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**Rochelle Turin**  
*MN:NP alumna*

... had her thesis paper, "Physical activity prescriptions in healthy populations: Resources for Canadian nurse practitioners," published in *The Nurse Practitioner*

