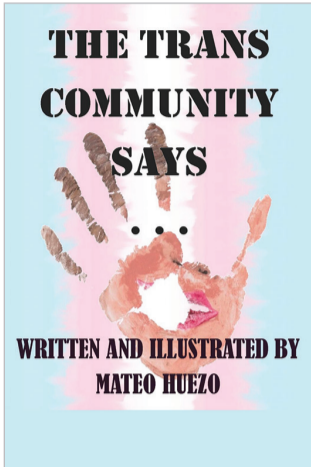




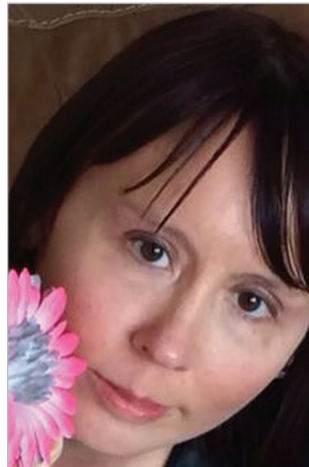
*News Brief celebrates the many achievements of alumni, students and faculty from the Faculty of Health Disciplines. Share your story! Please [send a note to fhdnews@athabascau.ca](mailto:fhdnews@athabascau.ca).*



### Offering key insights into the transgender community

Mateo Huezo (Master of Counselling '18) has been active in Edmonton's transgender community for more than a decade. His collaborative, innovative thesis project offers insights that have the potential to dramatically improve the lives of that community's most vulnerable.

[Read more](#)



### A short dive into addiction

The world of addiction medicine is a complex one where providers typically treat a chronic relapsing disease without addressing underlying issues beyond choice and willpower. Alumna Hannah McKay (Master of Nursing: Nurse Practitioner '13) shares her story about working in this challenging world.

[Read more](#)



### Touch a quilt, touch a memory

On a wintry day, there's nothing better than staying warm and toasty under a quilt. But could there be more to a quilt's magic? A recent study shows that 'touch quilts' could be a simple, effective and profoundly personal way to ease anguish and improve the quality of lives.

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### Building business, impact on an MHS foundation

Lisa Little (Master of Health Studies '06) is making a meaningful contribution to health care, generally, and the nursing profession, specifically, by using all she learned in her MHS to serve a diverse group of clients across the country.

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### Sitting is NOT the new smoking

It's time to ignore the alarmist headlines screaming that sitting is as bad for your health as smoking. It's true that too much sitting isn't good for you, but is it really as bad as smoking? Dr. Jeff Vallance led a team of researchers looking into it. The answer? Smoking remains in a class by itself.

[Read more](#)



### Fighting for happiness

Mixed martial arts and nursing might seem to be worlds apart, but for Sarah Wilson (Post-LPN BN student), pursuing these dual passions is proving equally important in finding her best path in life—and in finding confidence, happiness and fulfillment throughout her journey.

[Read more](#)



### Alumni, students and faculty news

Do you have a new job? A project that would be interesting to others in the profession? Reason to celebrate? A recent publication or presentation? Share it with the Faculty of Health Disciplines community by sending an e-mail to [fhdnews@athabascau.ca](mailto:fhdnews@athabascau.ca).

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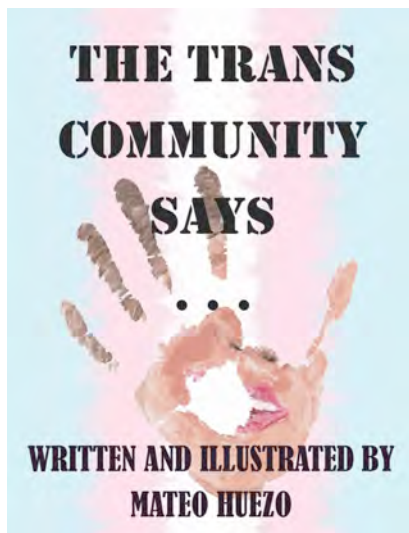
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## Offering key insights into the transgender community

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**Mateo Huevo** (Master of Counselling '18) dreams about creating a rainbow health clinic in Edmonton, a place where the LGBTQ community can access comprehensive health care without fear of mistreatment or judgment. Until that day, the Registered Provisional Psychologist and Canadian Certified Counsellor is one of few transgender-identified therapists in the city using within-community knowledge to empower vulnerable members of the trans community.



*The Trans Community Says* is an open electronic resource (OER) created in partnership with and for the transgender community. Developed from Huevo's Masters project, "The Trans Community Says Project," it shares locally relevant knowledge and perspectives that can have a positive impact on lives within the trans community, as well as offer important insights for individuals and agencies offering resources.

"Much of the support offered to the trans community comes from within the community," Huevo explains. "This is part of the vulnerability, because although we care so much and give so much, a lot of that work is mentorship to help people navigate systems and figure out what they need for transition. This is invisible, emotional labour, and we don't want people burning out."

Huevo looked at the internal wisdom and capacity within the trans community, focused on developing research for trans-affirmative care which would also be useful for the community itself. A community-based participatory action project was created, engaging volunteers who were instrumental in shaping the research and gathering information through focus groups. The OER captures what was said in the groups.

**"If we want to support the trans community, we need to capitalize on the strengths that are already there," Huevo says.** Sustaining these efforts will require larger systems and funders to get involved, and the key to that is ensuring they have the knowledge to understand issues and needs.

Huevo is helping to advance that progress through private practice, as well as through teaching college classes, providing community education through workshops and presentations, and consulting with agencies to show how the knowledge gleaned from the project can be mobilized and put into practice.

"I wish a resource like this had been available when I was growing up," Huevo says. "I think it could be life-changing for someone. Having access to your own culture and community is so important."

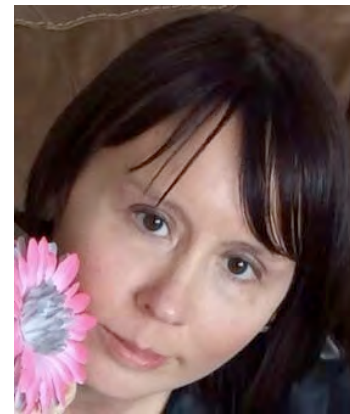
## A short dive into addiction

*The world of addiction is a complex one where providers typically treat a chronic relapsing disease without addressing underlying issues beyond choice and willpower. Alumna **Hannah McKay** (Master of Nursing: Nurse Practitioner '13) shares her story about working in this challenging world.*

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To say that the world of addiction is fascinating is an understatement. When I stepped outside of the world of primary care, I was not prepared for the challenges that awaited me.

I have always worked for the Nova Scotia Health Authority and joined the Eastern Zone's Opioid Recovery Program in September 2017, during the midst of an opioid crisis. My mandate is to increase access to opioid agonist treatment, build collaborative relationships with primary care providers in order to enable transition of stable patients back to their primary care providers, build capacity within our health care system to identify and manage opioid use disorder, and provide medical coverage if needed. My funding came from the Nova Scotia Department of Health. My manager believed that adding a nurse practitioner to an already diverse team would not only promote access but facilitate collaboration and enhance patients' outcomes. Her vision of collaborative care, providing an additional nursing lens to growing problem, was insightful and optimistic.



### **What I did not appreciate was the magnitude of this crisis or the stigma that surrounds it.**

I arrived to find 600 patients in the program, which operates from four sites, and a waitlist of over 100 people. We decided to address the waitlist first, acknowledging that agonist treatment is most likely to prevent relapse and decrease mortality and morbidity associated with illicit opioid use. We admitted 100 patients in a matter of five months and discovered the need for treatment had grown. Our waitlist was growing not because the need grew (the need was always there), but because patients who were desperate for help were seeing movement in our wait times. The light at the end of the tunnel was growing brighter.

I was not able to prescribe Methadone in those early days. I was patiently waiting for Health Canada to accept the College of Registered Nurses of Nova Scotia (CRNNS) proposal for NPs to prescribe in Nova Scotia. I was, however, able to prescribe Buprenorphine/Naloxone. So began a journey with my collaborative physician, Dr. Jennifer Johnston. We began to admit patients rapidly through our Rapid Access Clinic. Our goal was to stabilize patients on medication and then transfer them to one of our four sites, where they could then have access to clinical therapists, psychologists, nurses and community outreach workers. Whether or not they chose to engage those other services did not affect their ability to access opioid agonist treatment. Patients could choose to enter our program without judgment. We adopted a simple harm reduction approach.

— continued —

I began to provide progress notes to providers and started to reach out to providers who had stable patients who no longer required the services of a structured program, but required refills and support. Patients who had remained on stable doses, had not relapsed and had also returned to work or school or reconnected with loved ones, but who needed follow-up for prescription renewals and random drug screens, could now be transferred back to their primary care providers. Acknowledging addiction is a chronic disease, we would be available for consultation and transfer should the patient require more treatment.

It seemed like a simple concept, but it is still ongoing. It requires support, education and resources in order to not only increase primary care providers' prescribing confidence, but also to increase their ability to offer a service and be compensated appropriately. The Department of Health changed the billing codes to reflect the time required to offer this service, and I offered to assist providers with building their knowledge base and even offered to come to their clinic to support them.

On March 26, 2018, the federal Minister of Health announced the restrictions on prescribing Methadone and Heroin would be lifted in order to increase access to treatment. We would no longer need an exemption from Health Canada, but would require an opioid dependence course around Methadone maintenance and have some formal mentorship with a Methadone prescriber in addictions. Hallelujah!

*'With each admission, I am humbled and sometimes horrified to hear the patient's life story ... the trauma they endured, the hardships they faced and the stigma they have come up against.'*

Hannah MacKay

**But while the provincial and federal governments have addressed the barriers to treatment, they are still not addressing the cause.**

With each admission, I am humbled and sometimes horrified to hear the patient's life story. It is sad to hear about the trauma they endured, the hardships they faced and the stigma they have come up against. Yet, we ignore the social determinants of health, spend obscene amounts of money on law enforcement to respond to criminal activity — which is most often a result of poverty or addiction — and on acute care beds to treat the consequences of opioid use disorder. The money spent on addressing harm reduction in Nova Scotia is 2% of the health care budget, but we dwell on the things we see (needles left on playgrounds), the things we can't possibly conceive (prostitution or sharing needles), or the things we have not experienced ourselves (Why do they choose to use? Why can't they just stop?).

My role is evolving to include advocacy, leadership and education. I think we have much more work to do to bridge the gap between those in treatment and those needing treatment, but we also need to work on understanding the cause of drug use, the misconceptions that surround "use" and the role we all play in managing chronic disease. This is my world. My days are never boring ... and my patients are being treated!

## Touch a quilt, touch a memory

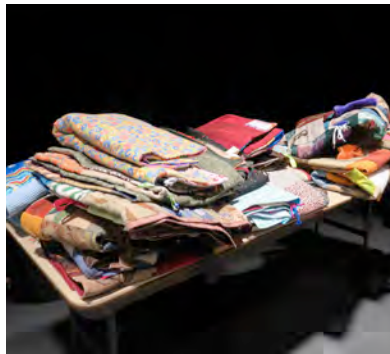
*On a wintry day, there's nothing better than staying warm and toasty under a quilt. But could there be more to a quilt's magic? A recent study shows that 'touch quilts' could be a simple, effective and profoundly personal way to ease anguish and improve the quality of lives.*

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Colourful pieces of fabric with different textures. Big buttons. Some faux fur. A zipper or two. Scraps of lace and crocheted doilies. Heavy ribbon. From these simple items, experienced stitchers can create more than quilts that provide warmth — they can create paths to memories that help calm, relax and reconnect with people living with memory loss.

These are the preliminary findings of **Dr. Sharon Moore**, a Faculty of Health Disciplines Professor, and colleagues who recently completed a qualitative research project on “touch quilts” — small-sized lap quilts intentionally created to safely stimulate different sensory experiences — and their impact on the quality of life and care of people with Alzheimer’s disease or dementia.

**“Touch quilts may have the potential to make a significant difference in people’s lives,” she says. “Our small study showed they could be a really simple intervention that goes a long way to improving quality of life, to reducing anguish, without the use of drugs, in the lives of our most vulnerable people.”**



photos by Sharon Moore

Moore admits her interest in touch quilts was piqued by more than professional interest. She’s a quilter herself and member of the Mountain Cabin Quilters Guild (MCQG) in Canmore, Alta.

“I’ve been a quilter for many years, and didn’t know about touch quilts until quite recently,” she explains. “After hearing about how they provided calm and comfort to people with dementia, and sometimes reduced the need for medication, I wanted to learn more. But I really couldn’t find any evidence.”

“The experience of participating in a touch quilt project” began in 2016, in close collaboration with Carol Henckel, who was then the Director of Care at a Calgary long-term-care facility, alumna **Mariko Sakamoto** (Master of Nursing ‘16) and Joan Loomis, Chair of the MCQG Education Committee, who was the liaison with the quilters who were instrumental in accepting the challenge to learn about and create the quilts used for the research.

Two long-term care facilities (with a total of 48 beds) took part, and the impact of touch quilts on these residents, their families and professional staff was explored. To honour the participants’ preferences and individuality, each chose their own quilt. We learned how residents reacted to touch quilts by observing their responses when presented with a quilt, family interviews and email responses, and from staff interviews and recordings in a journal.

“The quilts were well used,” Moore says. “In more than 75 journal entries from staff, there were only three instances where the quilts didn’t seem to have a positive impact. Staff noticed behavioural changes. In one poignant note, we learned about a man who hadn’t spoken for many months. He loved baseball, chose a quilt with a sports theme and shared memories.

“Families offered beautiful responses.

“One woman said her husband could never be still, but that with the quilt, he could run his hands over the quilt, sit quietly and watch an hour-long TV program with her. One woman cried when she picked up her quilt because she was so grateful and appreciative that someone would create something so beautiful for her.



*(L–R): Sharon Moore, Carol Henckel and Joan Loomis*

“One man, an artist, displayed his quilt on the wall, using it in the way in which he, as an artist, connected to it. This reinforced for us how important it was to know and understand residents — by involving their families and learning their life stories — honouring who they are as people, and ensuring they were treated with respect and dignity.”

An unexpected second aspect of the project has also emerged. During two intensive quilt-making days, Moore heard the quilters talk about their own challenges of caring for family members and the impact of mental illness and dementia.

“This added a whole new dimension to the project — the impact on the quilters themselves — which is yet to be explored,” she says.

Moore has presented her preliminary findings to several groups and conferences, and is now preparing the final manuscript to be submitted for publication, as well as beginning work on Phase II of the study.

## Following a dream means going for gold

*Lisa Gray (Master of Counselling '18) always knew she wanted to help people. She didn't realize how big that dream would become, nor how much she could achieve, until she enrolled at AU. She's the third Faculty of Health Disciplines grad in as many years to receive AU's top academic prize.*

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**Lisa Gray** received her Master of Counselling (Counselling Psychology) degree — and the 2018 Governor General's Academic Gold Medal, awarded annually to AU's top graduate student — at Convocation on June 8, 2018. She also gave the students' address, sharing a message on behalf of graduates with the hundreds of peers, family members and friends in attendance.

It was a moment mixed with equal parts joy, pride, humility, excitement and surprise.

**"It's amazing what you can achieve when you have people supporting you, and now I want to do more," Gray says, explaining that family and faculty have been behind her all the way. "I am absolutely not the same person I was when I started this program.**

"AU provided me with so many rich opportunities, and I've been able to engage in self-reflection, challenge my own beliefs and perspectives, and, most importantly, gain the confidence to do things I didn't think I could do."

Gray's AU journey started while working as a student success coordinator at a private college. She was honoured when people shared their stories and life experiences, and wanted additional tools so she could offer more help to people. Enrolling in the Master of Counselling program was the first step.

"In my practicums, in particular, when I would leave a session and feel like the client had an 'aha' moment, those became my 'aha' moments as well," she explains. "I could see the connection between what I was doing and how this was helping, which was extremely rewarding.

"You're there in people's time of need, and it can be raw and emotional. As they share, I have so much hope for them, and I get to see the transformation in their lives as they work through their challenges. I feel so connected to the human spirit; so connected to the community and to humankind."



photo by Sharon Moore

Inspired by FHD faculty and with their encouragement — Gray says Drs. Gina Wong, Gwen Rempel, Emily Doyle, Karen Cook and Jeff Chang were especially supportive and inspiring — Gray completed a thesis focused on evaluating the shifts in parenting following parents' participation in the Circle of Security program (a research project led by FHD faculty, who invited Gray to participate).

That, in itself, was an accomplishment because few students are accepted into the thesis route. Gray made the assignment all the more daunting by completing it while putting in more than 800 hours on her practicum, commuting to and from that practicum, being part of the Circle of Security research team and being pregnant (son Evan is now eight months old). She has already parlayed that paper into several conference presentations and is working with faculty mentors to prepare two articles for publication.

What's next? Gray is pursuing PhD studies, potentially at McGill University or the University of Alberta.

**"I'm so grateful for the people around me," Gray says, emphasizing that it would not have been possible without the unconditional support of her husband (Andrew, an AU B.Comm. student who is the Vice-President, Finance, of a busy construction company), extended family and the AU professors who repeatedly reminded her that she could accomplish anything she set her mind to.**

"I don't consider myself a superhero by any stretch. Anybody can do this — with time, effort and strong support from family and AU. All of the people at AU just want the best for you, so with all that encouragement, you just want to do more."

*'You're there in people's time of need ... As they share, I have so much hope for them, and I get to see the transformation in their lives as they work through their challenges.'*

Lisa Gray

[← RETURN TO FRONT PAGE](#)

[GO TO NEXT STORY →](#)



## Building business, impact on an MHS foundation

*Lisa Little (Master of Health Studies '06) is making a meaningful contribution to health care, generally, and the nursing profession, specifically, by using all she learned in her MHS to serve a diverse group of clients across the country.*

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Studying online through AU was the right choice when **Lisa Little** (Master of Health Studies '06) was working full-time and completing her degree. As a professional with her own business, it's still right.

Little worked with the Canadian Nurses Association for a decade before launching her own company, **Lisa Little Consulting**, in 2010. And if her roster of high-level, national clients across the spectrum of health providers doesn't keep her busy enough, since 2017 she has also served as one of two North American representatives on the board of the International Council of Nurses (ICN), and she also teaches a course on leadership and management to fourth-year nursing students at Queen's University.

"I like the variety of what I do, and often have four or five projects on the go at once," she says of days that are the very definition of variety. At any point, she could be working on primary research, surveys, literature reviews and searches, synthesis and data analysis, and developing papers that help organizations turn information into strategic directions or policy. Or she could be designing and facilitating meetings or workshops, running focus groups or being part of a think tank. Or she could be managing projects.

"Being a consultant allows me to select what I want to do," she says with a laugh. "The role I play now let's me be in the background. I know I'm still contributing in a very meaningful way, and making an impact, but I don't need to be the front person."



**Her MHS is a solid foundation. "What I learned and how I learned — online — fits with what I do now," Little explains. "No matter where you choose to work, whether it's providing direct care, teaching, doing research or managing, having the master's allows you to take your skills to a new level.**

"It helps with evidence-informed decision-making, offers insights into using research and applying it in practice, and working collaboratively in teams. It enables you to bring appreciative inquiry into what you do every day, and to take a systems-level approach to look beyond the individual."

That perspective is widened through Little's involvement with the *ICN*, which enables her to see and experience health care in different countries. Through it, she influences international policies of organizations including the World Health Organization and United Nations, which can have an impact on 22 million nurses and nursing practice worldwide. "Nursing education, workforce issues, primary health care challenges and mental health are a struggle everywhere," she notes. "Sharing and learning from each other in a global context serves nursing and health systems worldwide."

Those "connect the dots" insights are invaluable to governments, professional associations, unions and others who have come to see her as a hub of knowledge and networking.

"I meet with and work with amazing people across the country," Little says of developing a business that is both professionally and personally interesting and satisfying. "I've made a conscious, personal and professional choice to work as a consultant, and to have the freedom to work on projects beyond nursing.

"Being an entrepreneur allows me to have a good work/life balance while still doing meaningful work."

And in the future? Little will continue to build on her MHS foundation, exploring potential collaborations with business consultants in her area, becoming more knowledgeable about Indigenous culture to better support clients trying to meet Truth and Reconciliation Commission recommendations, and perhaps expanding to offer services in French.

*'Being an entrepreneur allows me to have a good work/life balance while still doing meaningful work.'*

Lisa Little

[← RETURN TO FRONT PAGE](#)

[GO TO NEXT STORY →](#)

## Sitting is NOT the new smoking

*It's time to ignore the alarmist headlines screaming that sitting is as bad for your health as smoking. It's true that too much sitting isn't good for you, but is it really as bad as smoking? Dr. Jeff Vallance led a team of researchers looking into it. The answer? Smoking remains in a class by itself.*

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The stories are almost everywhere — in *Time Magazine*, the *Los Angeles Times* and are even promoted by some prominent healthcare institutions — raising the alarm that sitting is just as bad for your health as smoking. But is it really? Not by a long shot.

This is the conclusion reached after an investigation led by **Dr. Jeff Vallance** and a global team of leading health researchers. The group's findings have just been published in the September issue of the peer-reviewed *American Journal of Public Health* — and the science doesn't support all those scary headlines.



Vallance, AU Faculty of Health Disciplines Professor and Tier II Canada Research Chair in Health Promotion and Chronic Disease Management, has long been interested in research looking at the health impacts of physical activity and, more recently, too much sitting. He and his team (comprising leading researchers from Australia, Arizona and Alberta) were eager to delve deeper into literature about the latest buzz — the dangers of so much sedentary time in people's lives these days — in order to separate fact from fiction.

“The claims have been outrageous and unsubstantiated,” Vallance says. “Some have suggested that smoking is safer than sitting. One website that promotes active gaming programs indicated that sitting for six hours is equivalent to smoking 25 cigarettes a day. Another said that sitting for one hour is equivalent to smoking two cigarettes. But these claims are not backed up by any kind of credible science.

“All of these stories communicate a false message and, because many people get a lot of their health information and knowledge from mass media, can have significant health implications.

**“We need to communicate the facts as the science tells us, and avoid making erroneous comparisons,” Vallance says, explaining the team found that “equating sitting with smoking is unwarranted, misleading and only distorts and trivializes the ongoing and serious risks of smoking.”**

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The researchers arrived at this conclusion through reviewing the science, which necessarily included taking into account the key differences between sitting and smoking when comparing health impacts. “Smoking has been called one of the greatest public health disasters of the 20th century, and there is good reason for that,” Vallance notes, explaining there are several reasons why sitting and smoking can’t be compared:

- The risk of premature death and chronic disease are substantially higher for smoking than for sitting (recent studies suggest people who sit a lot have around a 20% higher risk of mortality, and smokers’ risk of mortality is almost 300% higher than that of non-smokers).
- While people who sit a lot (for example, exceeding eight hours per day) have around a 10–20% increased risk of some cancers and cardiovascular disease, smokers are at more than 10 times (heavy smokers are at more than 20 times) greater risk of lung cancer and have more than double the risk of cancer and cancer mortality.
- There are inherent differences between the behaviours themselves: smoking is an addiction, while sitting is a habit, driven by convenience and, in many cases, by there being no other option but to sit.
- Nicotine has a profound impact on the development of a fetus, can lead to physiological dependence and can create a spectrum of withdrawal symptoms. No such responses have been linked with sitting.
- Smoking kills others who are exposed to second-hand smoke (approximately 2.5 million people in the U.S. alone have died from exposure to second-hand smoke-related problems), while the impact of sitting stays with the individual.
- The economic impact of smoking and sitting on the healthcare system can’t be compared, because the relevant data are not available. The annual global cost of smoking-attributable disease was almost US\$500 billion in 2012, but there are no estimates for the impact of sitting. Physical inactivity (not meeting physical activity guidelines) cost healthcare systems US\$54 billion in 2013.

So what’s the take-away? “We know too much sitting is not good for you,” Vallance concludes. “For health, you need to move more, and it is even better if you are active at least at a moderate intensity. There is a strong signal emerging from a large body of recent research findings that sitting for excessive amounts of time has adverse effects on a variety of health outcomes, both physiological (higher blood glucose or weight gain) and mental (higher risk of depression).

**“But smoking has an impact on nearly every system and organ in the body. The well-established adverse health risks of smoking should not be trivialized or minimized.**

“If you have to choose between sitting or having a smoke? I’ll still take the couch. Smoking kills ... there’s no way around it.”

Read the full research commentary online at the [American Journal of Public Health](http://ajphpublications.org), [ajphpublications.org](http://ajphpublications.org).

ACTIVE LIVING CORNER

## Fighting for happiness

*Mixed martial arts and nursing might seem to be worlds apart, but for **Sarah Wilson** (Post-LPN BN student), pursuing these dual passions is proving equally important in finding her best path in life — and in finding confidence, happiness and fulfillment throughout her journey.*

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*On Nov. 4, 2017, I competed in four divisions — winning three golds and one silver — at Grappling Industries Toronto, at Ryerson University.*

**I began my journeys into MMA (mixed martial arts) and nursing at the same time.**

I found myself on a course in life that I hadn't mindfully chosen and no longer wished to continue. After too many years of choosing the path of least resistance, I had funneled myself farther away from my potential, and into the stagnant fog of mediocrity. I felt there was untapped talent and passion inside me, but did not know how to find an outlet to translate that into a useable skill to further my life. I was willing to start making big changes but couldn't seem to find a career that lined up with the will to sacrifice for it. The enormous commitment of time and money to school is daunting with the uncertain job market today.

**So I switched my focus off career goals to what made me happy outside of work.**

I loved to travel, and had always had a desire to live a life that positively impacted others. With that in mind, nursing soon became an obvious choice, specifically to work internationally with underprivileged populations who have limited access to healthcare.

In planning for my future, it felt like I would need to be proficient in self defense to be able to confidently enter what may be unsafe conditions for a woman.

And so the journey into martial arts began.

I moved to B.C. from Ontario to complete my Licensed Practical Nurse diploma. I also started training, first in muay thai and kickboxing, and eventually transitioning into jiu-jitsu and wrestling as well. I finished school and entered the work force as a surgical nurse. No longer a student and with extra time on my hands, my martial arts hobby bloomed into a consuming passion.

— continued —

Through one extracurricular activity, I was able to stay in shape, learn to protect myself and meet friends. I began competing, first locally, then nationally, and then internationally with overall successful results.

**The losses fuelled a desire to perform better in all areas of my life. I wanted to eat better, exercise more, save more.**

I still had plans to finish my RN, but, nearing my 30s, it was hard to think of giving up fighting for a few more years in the classroom. Athabasca University offered a great opportunity to work at my pace towards my degree while still pursuing my dreams of fighting.

Nursing isn't an easy job — and, unfortunately, my knowledge of self defense has become a useful tool multiple times in the face of aggressive situations encountered at work.

**I have never regretted any of my choices.**

Through nursing, I have tapped into depths of love and compassion I didn't know I possessed. I have critically solved problems to improve people's lives, and by doing so have improved my own. Through fighting, I gained a community. I have found self confidence in my physical strength and my abilities.

Competing has taught me that what I feel in the moment — whether pain, defeat or humiliation — are all exclusive to that moment. The next day, your life continues the same as it always was. I've learned that no matter how hard things can be, how horrible the situation, there is always something that can be done to advance the position and situation. These lessons have infiltrated all areas of my life.

**I accept that a dash towards the finish line is unrealistic. The goals of joy and fulfillment are only found in the day-to-day progress of the journey.**

My career goals haven't changed; they are just a little further away. The destination still lies in the dreams of international service I began with, but has grown to include wanting to teach young women to fight and to show them the confidence that is hiding underneath fear.

I still struggle with feelings of inadequacy and finding purpose. However, now, on the days I fall to that pressure, the bottom is a lot closer — because there is a strong foundation under my feet.

I have formed and continue to form an identity for myself that will continually allow me victories — on the mats, at work and in life.

*'Through nursing, I have tapped into depths of love and compassion I didn't know I possessed... Competing has taught me that ... no matter how hard things can be ... there is always something that can be done to advance the position ....'*

Sarah Wilson

## Alumni, students and faculty news

*What's new? Are you proud of a recent accomplishment or achievement? Have some thoughts or ideas to share with former classmates? Or just want to check in with the gang? Send an e-mail to [fhdnews@athabascau.ca](mailto:fhdnews@athabascau.ca) and share with the FHD community.*

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**Carla Brittos Costa**  
*MN alumna*

... graduated in June 2018. She says she will always be grateful to AU, the professors and her teacher, Dr. **Gwen Rempel**, for the opportunity to learn at her own pace, and to advance her career. She appreciates her husband and their son for being so patient and supportive.

**Adrijana D'Silva**  
*MHS alumna*

... has had her master's thesis research on lung cancer published in three prestigious journals: **Lung Cancer**, **Psychooncology** and **Mental Health and Physical Activity**. Her FHD co-authors were Drs. **Jeff Vallance** and **Steven Johnson**. Adrijana was awarded the Governor General's Academic Gold Medal in 2017 for being the AU student with the highest graduate-level standing.

**Several FHD faculty**

... collaborated on an opinion piece/rebuttal in **University Affairs**, responding to a previously published article that questioned the inclusivity of online learning and rehashed old myths and misconceptions. The FHD authors disagreed with this limited perspective and generalizations, citing the realities of online learning at AU.

**Dr. Shawn Fraser**  
*Professor*

... is serving as Interim Dean of AU's Faculty of Graduate Studies.

**Faye Gosnell**  
*MC alumna*

... is the Mental Health Coordinator at Athabasca University, a new position that started in April 2018. A Registered Provisional Psychologist in Alberta, she's working with the AU community to develop and implement a University-wide mental health strategy.

**Dr. Paul Jerry and  
Dr. Terra Murray**  
*Professors*

... are working alongside FHD Dean Dr. **Margaret Edwards** as Associate Deans. Paul is Associate Dean, Student Services, and Terra is Associate Dean, Teaching and Learning.

**Dr. Beth Perry Mahler**  
*Professor*

... was named as AU's 2018 recipient for the Award for Excellence in Graduate Student Supervision.

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**Derek Luk**  
*MN alumnus*

... received a CARNA Education Award of Excellence in the spring. Derek, the founder and CEO of Mimentra, uses mobile technology and evidence-based mindfulness programs to help promote mental health. Mimentra is a social enterprise providing accessible and personalized mental health promotion through mobile technology platforms. Read more about Derek on the [CARNA website](#).



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**Dr. Sharon Moore**  
*Professor*

... has made a number of presentations: “Conversations and Reflections on Hope in Nursing Education: Why It Matters,” (invited keynote speaker at the Western Northwestern Region Canadian Association Schools of Nursing Nurse Educator Conference, Calgary); “Creating Invitational Classrooms in Online Learning: The Heart and Soul of Teaching” (with Kerry Black, London International Conference on Education, Cambridge University, U.K.); “Coaching Career Transition, Entrepreneur Tradespeople in Teacher Preparation” (with Kerry Black, London International Conference on Education at Cambridge University, U.K.); “Touch Quilts, Dementia and Ethical Challenges” (with Mariko Sakamoto and Carol Henckel, International Institute on Qualitative Methodology Conference, Banff)

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**Jananee Rasiah**  
*PMD:NP alumna;*  
*BN Director of*  
*Operations*

... has been seconded to the position of Director, Patient Engagement Platform, of the Alberta Strategy for Patient-Oriented Research (SPOR) Support Unit — known as **AbSPORU**. The initiative is funded jointly by Alberta Innovates and the Canadian Institutes of Health Research to advance patient-centred research. FHD Associate Professor **Dr. Virginia Vandall-Walker** leads the Patient Engagement Platform, one of seven within AbSPORU.

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**Mariko Sakamoto**  
*MN alumna*

... is a PhD candidate in the Faculty of Nursing at the University of British Columbia and recently had her first solo article, “Nursing knowledge: A middle ground exploration,” published in [Nursing Philosophy](#).

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**Dr. Jeff Vallance**  
*Professor*

... has received a five-year grant renewal valued at \$500,000 to continue his research as Tier II Canada Research Chair in Health Promotion and Chronic Disease Management. The funding enables Jeff to further his investigations into the impact of physical activity on chronic illness, which is helping to gather important evidence to inform the development of health strategies at the system level, and health promotion recommendations for individuals.

Jeff was also interviewed recently in several online, broadcast and print media articles focused on the findings of a recent research project that looked behind the headlines that proclaim sitting is as bad for health as smoking. Vallance led an international team which considered research done to date. They concluded that the two defy direct comparison — and while too much sitting is a health concern, smoking remains in a class by itself and is a far greater risk to health. See the “Sitting is not the new smoking” article in this issue of [News Brief](#) and check out the [Edmonton Journal](#) story for info.

**Sitting is the new smoking? Not even close, Athabasca University-led study finds**

KEITH GERDEN Updated October 6, 2018



Smoking is an addiction involving a physiological process that stokes the body's own nicotine and creates withdrawal symptoms, whereas sitting is more of a "habit" since no one is going to go into withdrawal if they don't get enough time on the sofa, an Athabasca University-led research team found. [7/2/18](#)

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**Dr. Gina Wong**  
*Associate Professor*

... and Nicole Letourneau wrote an op ed in the [Toronto Star](#) in March 2018, talking about the reality of postpartum OCD and how it is frequently misdiagnosed and misunderstood — and that it is treatable.

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