

SCHOLAR PRACTITIONER

NURSING PROGRAM NEWSLETTER



Fall 2018 Edition
T H E M E D
Experiential Integration
+ Generativity and Life



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Greetings,

... on the commencement of the 2018-2019 academic year!

As the 2018 cohort immerses within the steep learning curve of our unique nursing program, you are indeed embodying Generativity and Life from many perspectives and spaces.

The generation of new knowledge and exploration of the health care field is unfolding within every interactive moment and reflective opportunity. We hope you have enjoyed the journey thus far and are excited for the upcoming semester learning opportunities.

The 2017 cohort has reached the midpoint milestone of your program journey and beginning to see the expanding learning opportunities to deepen your knowledge, skill, judgement and learning goals. We are proud of your continued achievements and are honoured to bear witness to your evolving experiential learning within the health care field.

As 2018 draws to a close, we also acknowledge the dedication of our program faculty in support of your learning experience. In their commitment to the success of each learner and are so proud of your accomplishments.

Wishing you and your families a joyous holiday season, as we look ahead to a very active 2019!



Baiba Zarins
Program Manager

Faculty Announcements



A warm welcome is extended to our newest faculty team member, **Xavier Debrah-Grant**, who joins us from Toronto Public Health on a part time basis.

Xavier brings 10 years of Public Health Nursing experience at TPH to this role as well as international experience within health care and business environments. Xavier's commitment to lifelong learning is evidenced in his graduate studies, including a Master of Science in Nursing from York University with a focus on teaching and learning pedagogies within theoretical and simulation lab settings.

Welcome, Xavier!

NCLEX News

It is wonderful to start receiving the news that our recent 2016-2018 cohort SPP graduates are writing and passing NCLEX!

This is a great testament to the unique learning strategies and attentiveness to individual success in obtaininng liscenusre. Our graduates share that the best advice is to start your individual or group study plans early and utilize various learning strategies and resources to acieve a well rounded approach to the exam content.

HSP-Net Updates

Request for CV's and learning objectives...

As a reminder, please ensure you have an updated CV on file in the event of placement unit request. We have noticed more units are requesting CV's with any placement request. CV's greatly assist unit management in facilitating the best experiential practicum experience in anticipation of your placement.

Michelle Banks is our program lead in the request, process and confirmation of your experiential practicums, therefore she also appreciates your responsiveness in this need.

NU SPP Med-West Lending Library

Donate a book, loan a book.

Your continued contributions of books and learning materials are graciously appreciated in sustaining our on-site community of learning resource centre.

Please do return books once you are finished using them to ensure others can also utilize them. We also lend out BP cuffs and NU issued Mac book laptops, as available. Please see Baiba to sign these items out for your learning needs.



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Speaking out for nursing. Speaking out for health.

Date: Friday November 9, 2018

Time: 0830-1600

Location: 87 Elm Street, Toronto, ON M5G 0A8

Building: YWCA Toronto (Nancy's Auditorium)



RNAO
BEST PRACTICE
SPOTLIGHT
ORGANIZATION

RNAO Champions Workshop

The Nipissing University Scholar Practitioner Program (SPP) was proud to host the **RNAO Best Practice Guidelines (BPG) Champions Workshop** in early November.

This workshop provide the introduction and application of the RNAO BPG Toolkit within the vast number of RNAO published guidelines. Forty-four participants, including many SPP learners, shared in their passion of improving patient-client care through the implementation of RNAO best practice guidelines in academic and point of care practice environments to become Champions within the growing local, national and international Network.

Overall, the day was filled with interactive conversations, professional development and networking amongst attendees.



Photos used with permission.



Change Day Ontario

The difference is you.

Small Steps.
Big Impact.



Change Day Ontario 2018

Congratulations to the SPP learners who enthusiastically participated in **Change Day Ontario 2018**, celebrated on November 23rd, 2018!

Please see the Change Day wall located in the 2nd floor hallway for further details of commitments made by SPP learners in making positive change strategies related to changing the quality of healthcare in Ontario from a personal, professional, and/or social perspectives. A reflection written by participants of Change Day 2018 can be found on [page 13](#).

To obtain further information about Change Day 2018 Ontario please visit:
<http://www.hqontario.ca/What-is-Health-Quality/Change-Day-Ontario>



Nipissing University Undergraduate Research Conference

<https://www.nipissingu.ca/ugrc>

#ugrc

The NU UGRC is an annual research conference that is being held on **Friday, March 22nd** and **Saturday, March 23rd**, 2019 at the North Bay campus.

This conference is important evidence that teaching and research are inter-related and occurs at varying levels within the academic community. Nipissing is rich with opportunities for student-learners to engage as scholars as they move through their baccalaureate degrees as an important part of the undergraduate experience.

The conference is also a vehicle for students from other universities to visit us and share with their scholarship.

All learners are invited to submit abstracts for poster and podium presentations!

Nathan Kozuskanich is the lead organizer in the 2019 event, who also welcomes student volunteers to assist in the event. Please contact Nathan directly at nathank@nipissingu.ca with your interest in volunteering.

Noah Richler is scheduled to present the keynote address. Noah is a Canadian author, journalist, and broadcaster who worked for many years as a radio documentary producer for BBC Radio. He was also the books editor and then the literary columnist for the *National Post*. He has contributed to numerous publications in Britain, including *The Guardian*, *Punch* and *The Daily Telegraph*, and in Canada, *The Walrus*, *Maisonneuve*, *Saturday Night*, *the Toronto Star*, and *The Globe and Mail*.

Richler stood as a candidate for the New Democratic Party of Canada in the Toronto electoral district of St. Paul's in the 2015 federal election. In 2016 he published "**The Candidate: Fear and Loathing on the Campaign Trail**", a memoir of his experience on the campaign trail. The book was a shortlisted finalist for the 2016 Shaughnessy Cohen Prize for Political Writing.

A review of his latest book is located at:

<https://www.theglobeandmail.com/news/politics/noah-richler-reflects-on-campaign-trail-in-a-new-book/article32376304/>



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For more information contact: Lisa Truong
email: ltruong784@community.nipissingu.ca

Canadian Blood Services: 1 (888) 2 DONATE



Support, Familiarity, Interconnectedness

By Melissa Ntiamoa

My transformative practicum in the Cardiovascular Surgery Intensive Care Unit was an exciting, overwhelming and rewarding experience. I had the opportunity to treat critically ill and vulnerable patients. In the beginning of practicum, I was extremely task oriented. In this new environment, I focused on new terminology, equipments, procedures, and medications all the while trying to figure out my role as a nursing student. My experience consisted of more nursing interventions on the DO NOT list of the UHN Student Policy than the CAN DO list. As a result, a majority of my time was spent shadowing my preceptor. By the end, I became well acquainted with the nursing process and provided assistance in patient care.

My ICU experience was an unforgettable one. I had an opportunity to observe many procedures from start to finish. My OR observer-ship was of a mitral valve replacement surgery. I was able to observe cardiac catheterizations, endotracheal intubations, bronchoscopy a balloon angioplasty with stenting, PICC line and Central line insertions. Each procedure added a more comprehensive understanding of my patients' experiences in our unit. I have seen these patients being pricked and prodded in the name sake of improving their health. As exciting as it was to observe these procedures, what stood out to me the most was the empathy I felt for my patients. By the end of practicum, a unique and significant take away from my experience was my concern for my patients' comfort. Imagining myself in their position prompted my search for a nursing theory to guide my practice.

Katherine Kolcaba's Comfort theory was applicable to my experience. The nursing model focuses on a holistic perspective on an individual's lifestyle, emotions, culture, beliefs, and behavior. This image best exemplified my perception of different forms of comfort. When I see this image, I see:

SUPPORT - A social support system allows individuals to feel strengthened and comforted. In practicum, the collaborative efforts from the health team, allied health professionals, patients and their families provided their support.

FAMILIARITY - A situation becomes more comforting when one feels familiar with their surroundings, when they are well informed about what is happening around them and of the plan of action. As health professionals, effective communication skill is crucial for family and patients to reinforce their awareness of their circumstances.

INTERCONNECTEDNESS - Allowing others close to you physically and emotionally such as a warm embrace is a display of trust which can be comforting. This highlights the importance of the therapeutic nurse client relationships.

Comfort can occur in the following contexts: Physical, psychospiritual, environmental, and sociocultural. It has a different meaning for each individual. I would like to continue to implement this theory to become a compassionate and caring nurse. All that to say, a little bit of comfort goes a long way.

A Photo Reflection

Left to right: Katrina Arellano, Kalyna McIntosh.



Photo used with permission.

By Kalyna McIntosh

The past 9 weeks at Toronto Western Hospital on the General Internal Medicine Unit 4B taught me so much about myself, the nursing profession and reflection.

I was so grateful for my preceptor who took every opportunity to teach me nursing skills, helped build my confidence and showed me what it means to be a compassionate professional nurse part of a healthcare team. This placement reaffirmed that I am where I am supposed to be in life and that nursing in the acute care setting is what I am passionate about.

Not only did I learn fundamental nursing skills, I learned how to be part of a team, improved my communication skills and build the nurse-client relationship with every interaction. I am excited for the future opportunities to come and to continue on this journey in becoming an RN.

Knitted Knockers

By Alexandra D'Agostino

Last semester I was placed at Toronto Public Health in the Reproductive and Infant Health office. For my narrative portfolio, I knitted a breast using a knitting pattern I found on the internet. Knitted breasts are more commonly referred to as "Knitted Knockers" on the internet, and are used as prosthetics in women with breast cancer and who have undergone mastectomies. When teaching clients how to breastfeed at the Breastfeeding Clinic at Scarborough Rouge Hospital General and Centenary sites, knitted breasts and dolls are used to teach clients how to breastfeed their newborn babies. There are many clients who are visual learners, and who need a visual aid to be able to learn how to breastfeed their infant. Using the knitted breast and the doll is a common teaching technique at the Breastfeeding Clinic, and allows the public health Nurse to be able to promote a hands-off approach when, for example, they are teaching a client how to hold and shape her breast, how to hand express breastmilk, and how to position her breast and her infant to achieve a good latch when breastfeeding.

As stated in the Breastfeeding protocols for health care providers (Toronto Public Health, 2013), the Baby-Friendly Initiative "recommends that most teaching and breastfeeding support should be done in a hands-off manner. As the goal is for mothers to be able to latch their babies independently, it is important for staff to request permission before touching the mother or baby and to take a hands-off approach as much as possible" (Toronto Public Health, 2013, p.45). Using the knitted breast and a doll in the Breastfeeding Clinic at Scarborough Rouge Hospital-General Site impacted my practice by helping me to develop my teaching techniques when educating clients about breastfeeding. I was not comfortable taking a hands-on approach, which is "only used after asking permission and when additional help is deemed necessary" (Toronto Public Health, 2013, p.45), and having the knitted breast and the doll created a therapeutic barrier, or middle ground, between the client and I. I was able to use the knitted breast and the doll to provide effective teaching regarding breastfeeding, while still promoting the hands-off approach and creating a therapeutic Nurse/client relationship with the clients I was educating.

Overall, I had a wonderful time at the Breastfeeding Clinic teaching clients how to breastfeed their newborns using the knitted breasts, and I look forward in bringing my experiences from last semester into this semester in the NICU at SickKids Hospital.



Motherhood

By Natasha McCulloch

"Motherhood is a choice you make everyday to put someone else's happiness and well-being ahead of your own, to teach the hard lessons, to do the right thing, even when you're not sure what the right thing is..." -- Donna Bell

On May 30th 2017 my life changed. At 7:07pm, my new identity was created, and I was no longer Natasha, Harry Potter, cat loving, Indigo employee McCulloch – I was mum. And I would be forever more.

My identity as a mum first and foremost was to take care of my son, which by day two of his life in my eyes I had failed. He needed photo-therapy and therefore was not able to breastfeed – he needed to be supplemented with formula. It took me until my placement with Toronto Public Health in the Reproductive Infant Health sector, 18 months later to accept that I had not failed him back on day two. When I learnt that my placement would be in a breastfeeding clinic, I was silently horrified. I had hated my experience so much that I did not know how I would be able to hide my feelings about breastfeeding from the clients I would be seeing. This semester my life took a complete 180 turn and I now have a new outlook on breastfeeding. Currently I am a huge supporter of breastfeeding, but most importantly I am a supporter of informed decision making. This can be found in the College of Nurses of Ontario (CNO) entry to practice competencies – number 82 "supporting clients to make informed decisions about their healthcare". This helps the client make the right choice for themselves without you pushing your beliefs or even your organizations beliefs on them.

The most unique experience that I had this semester and what changed my own thoughts about breastfeeding and myself, happened on November 12th, 2018. I had the opportunity to shadow and teach with Judy*, a public health nurse, at the St. Michael's Hospital Breastfeeding Clinic. This was an exciting opportunity for me, since I was the first student to be allowed at this clinic, since they do see more high-risk clientele. At this clinic, the public health nurse works hand in hand with a lactation consultant, where at the Toronto Public Health Breastfeeding Clinics, if you need to speak with a lactation consultant, you must call them.

The Lactation consultant working that day, recognized me and asked me how everything went after she had last seen me. I shared with her that I breastfed for 13 months, but I still had to use formula and I was disappointed. She gave me the biggest hug and made me feel like I was the most amazing person in the world. She told me that with the issues that I had, it was fantastic that I had even been able to breastfeed at all and that I should be very proud of myself. She then told me that this area of nursing would be a great fit for me to connect with the clients.

This is where my views changed. If one woman could make me feel different after 18 months of hating something and myself, then I want to be that support person for the mums who currently feel the way that I felt.





What I Learned From My Patient

By Jugsir Grewal

This is the story of a patient who taught me the importance of the 'will' and how important it is to the individual and their health. In my first clinical experience I was placed at the Toronto Rehabilitation Institute, in the musculoskeletal unit. I learned much here and saw many things. I witnessed first hand the debilitating effects of immobility and injury on a person. It is here that I met my patient, who I will refer to as Victoria.

Victoria, was hospitalized due to a motor vehicle collision. Victoria was unlike the other patients I had met. She was young, dedicated to her therapy, and very strong. I admired her tenacity and work ethic. Since starting my clinical, I had not seen a patient this motivated to get better. In the beginning, when I met Victoria she spoke very little but was receptive to me. One day through my assessment she revealed to me that on this date, 10 years ago her father had passed. She would have been a teenager at the time. She further revealed how hard this was for her and her mother. However, she endured and was now an entrepreneur running a successful business. This was the first time Victoria had initiated a conversation with me that didn't have to do with her health or her mobility needs. She mentioned that many were mourning the passing of her father on social media, but that no one had contacted her about her condition. I told her I was very sorry to hear this. I suggested that perhaps not being on social media would be better for her. Unfortunately, Victoria needed to use social media for her business. The only thing I could think of saying was that she should do her best to focus on her health and getting better, how proud of her I was for working so hard. This seemed to help, and it put her at ease.

Later that day, Victoria asked me if I would accompany her for a walk. I obliged. When we returned to her room, Victoria asked me if I was familiar with her story. I told her what I knew, that it was a vehicle collision. Victoria proceeded to tell me, that in this collision the driver of her vehicle, who was a close friend had died. Victoria told me how traumatic this experience was for her. She remembered the injuries she sustained and how she felt when she learned about the loss of her friend. She told me that she was feeling 'survivors guilt'. These negative emotions were compounded every time she would go on social media and from the anniversary of the death of her father. She would see the messages and condolences and she felt she was reliving the events, over and over again. She further felt isolated because no one had reached out to her.

After some silence, I told Victoria that though I did not know her well, I thought she was a kind person. I told her she should not feel guilty for surviving. That I was glad I had the opportunity to meet her; and that even though her friend had passed, she should live an excellent life for herself and in honor of him. I asked Victoria if she would be open to speaking to a therapist, and she said she was. A referral was made.

This poor woman who had endured so much at such a young age was at a very low point in her life, maybe even at a breaking point. My therapeutic care and my intuition allowed her 'will' to have second wind, to recover, and to contribute to her holistic health. Over time, Victoria improved physically and emotionally. She was more upbeat, and positive. She smiled more. When I reflect on this now, I learned that the will and the individual it supports is not infallible. The human will is something that needs to be nurtured and supported. Victoria taught me, how I can support the patient's will, so they can support themselves.

I am glad my path crossed with Victoria's. I hope she has recovered well and is living a great life.

Student Self-Care Survival Tip

Simple Storage Units for the Disorganized, Busy, or Lazy

A step-by-step tutorial by Lily S. M. Liu



A messy environment can impact one's health, concentration, and motivation. I can't seem to uphold a clean desk for more than a day and so, found a way to circumvent this while keeping the environment in mind. If you're like me, then you might find these storage units helpful!

Inspired By
"The Life-Changing Magic of Tidying Up" by Marie Kondo

Materials You'll Need
A single page magazine or scrap piece of paper (8.5" x 11); one page per storage unit.

1



Begin by folding the page in half horizontally and vertically. You'll use these folds as guidelines.



Refold horizontally.



2

Fold the corners in on both sides. Keep as symmetrical as possible.



Unfold everything. Pinch the left and right sides of the triangle together, as such.



3

Fold the bottom corners in on both sides (4 corners total), forming a pentagon shape.



Then fold the bottom 2 flaps (base of pentagon) upwards on each side.



4

Fold the tip of the roof until it reaches the base. It doesn't matter which side you fold it on.



Last step!
Unfold!



YAY! Let's try using it...

HOPE YOU ENJOYED & HAVE A GREAT SEMESTER!



To store stuff.



As a handy-dandy bookmark.



Or even as a ruler.



Change Day Ontario

The difference is you.



Journée du changement Ontario

La différence c'est vous.

Introduction By Christina Critelli & Daniella DeBartolo

Change Day Ontario is a global movement that aims to improve the quality of healthcare in our province through the creation of pledges made by many healthcare professionals and empowers them to make small actions of change within their practice. The event occurred on November 22, 2018, but the movement is never ending. Christina Critelli, Daniella DeBartolo and Jugsir Grewal were three of the first year learners who participated in this activity. We each created our own pledges based on our personal narratives with health care experiences and reflected on issues that were meaningful to us. The pledges ranged from advocating for clients' family members, to making an effort to reduce the stigma surrounding various illnesses such as Type 1 Diabetes and Alzheimer's. Organized by Dr. Louela Manankil-Rankin, she called on us as students to construct a metaphor that was specific to our pledges. To date Change Day Ontario has generated almost 9000 pledges and are continuing to accept pledges on their website (changedayontario.ca).

"None of us, including me, ever do great things. But we can all do small things, with great love, and together, we can do something wonderful." - Mother Teresa

Reflection By Jugsir Grewal

My pledge for change day is "I pledge to support the individuals that support my patient." At the time of this pledge, my experience was very limited to just my personal experience. As I progressed through my clinical experience at the Toronto Rehabilitation Institute, I was able to have moments where the opportunity to practice my pledge presented itself. In addition, to supporting the patients under my care, I was able to also support the friends and family of my patients. Many times these individuals would thank me for my service, and I experienced their and the patient's gratitude first hand. Looking at my colleagues pledges, though they are different from my own I can also see how their pledges resonate with my clinical experience and my pledge.

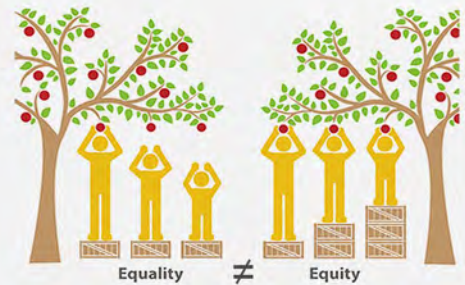
When I look at Christina's pledge "I pledge to empower family members to advocate for their family's needs", the meaning behind her pledge is advocating for using families of patients as a resource to provide better care. In my clinical experience I had the opportunity to do exactly this. I had a patient who was an elderly woman of Vietnamese descent. The patient knew limited English and so I had to resort to non-verbal communication to provide care. Despite the communication barrier I was able to provide quality care for my patient. Whenever her sons came around I would always meet them. I made sure to introduce myself, address their concerns, and ask them if I could do anything to help them help their mother. During these meetings I would get information about how my patient was feeling, and would also receive feedback on my care. One example where I was able to practice both mine and Christina's pledge, was when my patient's son told me how his mother preferred to eat in the cafe instead of her room. From that day forward I would walk with her to the cafe and set up her meal there. This act helped my patient socially as well as contribute to her health and mobility goals. My actions allowed me to use my patients family to contribute to my patient's health, and support the patient's family members at the same time.

In my clinical experience many of the patients I cared for were elderly. When I look at Daniella's pledge "I pledge to empower and advocate for individuals living with Alzheimer's by defending against any unjust health care treatment", though I did not have this exact experience, I did have similar experiences. One such experience that closely resonated with Daniella's pledge was a patient who had dementia. The patient's family member was not supportive of the patient in a conducive way to the patient's health. The issue was not that they did not care for the patient, but that their care was very over bearing. So much so that the patient doubted their own abilities. This impacted the patient's sense of confidence and self-esteem. It was here that I had the opportunity to show this person that the patient was capable of much more, and that it would be better to trust the patient and their ability. Overtime, this family member's behavior toward the patient became more conducive to the patient's health, which did improve the patient's holistic health. This experience allowed me to advocate for my patient and to help their family support my patient's health in a more positive way.

Going through my colleague's pledges and relating it to my experience shows me that though each of our pledges have different meanings, they all contribute to the same thing. They are all congruent to the purpose of change day and that is compassionate care.

Toronto Public Health Knowledge Exchange Forum

By Daniella DeBartolo



On Thursday November 1st, 2018, year 1 and 2 learners from Toronto Public Health (TPH) attended the Knowledge Exchange Forum (KEF) at the Toronto Reference Library. KEF is an annual event that brings together individuals/teams working in public health and supports knowledge exchange through presentations and networking. This year's theme was Health Equity, which covered a variety of current health topics such as LGBTQ2S Youth Smoking Prevention, Building Health Equity with Indigenous Communities, Cannabis Legalization, & Safe Injection Sites. Health equity is one of TPH's 5 fundamental principles with their mission being:

"...reducing health inequities by working to address unfair and avoidable differences in health outcomes between groups. TPH collaborates to identify and respond to health needs of vulnerable populations by providing accessible services and advocating for policies that address the social determinants of health..."

As first year learners placed at TPH, KEF was a great forum to attend because it provided us with the opportunity to learn about the present health equity concerns and how public health is working towards improving them. It also was a chance to meet and network with TPH staff from many sectors.

Overall, it was a wonderful event to attend and a great learning experience for us first years!



International Nursing Scholars Conference at Shandong University

Dr. Ping Zou, Associate Professor in the SPP, is a primary investigator of the study of Dietary Approach to Stop Hypertension and Sodium Reduction for Chinese Canadian (DASHNa-CC). The purpose of Dr. Zou's research is to develop culturally sensitive interventions to support Chinese Canadians managing their chronic illness in community. On June 2018, she presented her research at the International Nursing Scholars Conference (关于举办第二届齐鲁护理(国际)青年学者论坛的通知) hosted by Shandong University's School of Nursing at Shandong, China. The theme of the conference was "Innovation, Cooperation, Improvement and Leading" and attracted researchers from the Canada, USA, Australia, UK, and China. She has begun collaborations with colleagues in China to translate her research findings into a mobile application, with the aim of educating and reducing the prevalence of hypertension in the Chinese populace.

For more information on Dr. Ping Zou's research, please visit:
<https://www.nipissingu.ca/about-us/people/Pages/Ping-Zou.aspx>

For more information about the conference, please visit:
<http://www.nursing.sdu.edu.cn/info/1043/1577.htm>



Guest Speaker: Dr. Tammie McParland

Dr. Tammie McParland, interim Director of the Nipissing University School of Nursing, visited eager first year SPP learners on September 20, 2018. She offered invaluable advice and personal stories as a nurse and an education specialist, inspiring the new cohort as they embarked on their journey in nursing. Dr. McParland's contributions to nursing education include being one of the first teletriage nurses hired in Ontario in 1999, helping to develop Telehealth Ontario as its education manager. She also consulted the Victoria Order of Nurses on education programs in northern reserves and the College of Nurses in Ontario in the assessment of internationally educated nurses. Most recently, she co-created the curricular framework of NU's Scholar Practitioner Program, which was recently granted full 7-year accreditation by the Canadian Association of Schools of Nursing.



Guest Speaker: Gary Hu

On September 19, 2018, Guest Speaker Gary Hu was invited by Dr. Ping Zou to present via teleconference to the year two students on the concept, process, and theory of Knowledge Translation. Gary is an RN and a PhD Candidate at the School of Nursing at University of Ottawa. His insightful presentation drew from his experience as an Adjunct Professor at the Department of Nurse Anesthesia at Virginia Commonwealth University, as well as from his personal stories as father to two young children. Gary encouraged SPP learners to pursue nursing scholarship and to close the gap between research and clinical practice using the Knowledge to Action Framework. His own work in perioperative pain management for mechanically ventilated infants served as an inspiration for SPP learners who were anticipating creating Change Projects of their own in the upcoming 5th semester.



Avocado, Corn & Black Bean Salad

Recipe By Erika Toth

Sourced from Toronto Public Health

During my first placement with Toronto Public Health, I had the opportunity to co-facilitate a series of Get Cooking to Prevent Diabetes workshops. Within the 4 sessions, participants had a chance to assess their risk for type 2 diabetes by filling out the CANRISK questionnaire. As well, participants learned about diabetes and diabetes prevention from a public health nurse and discussed strategies for healthy eating with a dietician. Perhaps the most popular time each week was when we put theory to practice by trying out some simple and nutritious recipes. The participants quickly learned that eating meals high in nutritional value and dietary fibre didn't have to be expensive or difficult. As we enjoyed the meals together, I knew that I too would be tucking these great recipes away as new go-to's. The Avocado, Corn & Black Bean Salad was one of my favourites. It's fresh, zesty and flavourful, and best of all it reduces the risk of developing type 2 diabetes in the future. How about that for a bonus? If that doesn't motivate you to try it tonight, I don't know what will!

Ingredients

| | |
|-----------------------|--------------------------------|
| 1 can (19 oz / 540ml) | black beans, drained & rinsed |
| 2 | green onions, thinly sliced |
| ½ cup / 125ml | corn (fresh, frozen or canned) |
| 1 | avocado, diced |
| ¼ cup / 60ml | fresh cilantro, chopped |

Dressing

| | |
|---------------|----------------------|
| 2 tbsp / 30mL | olive oil |
| 2 tbsp / 30mL | lime juice |
| 1 | clove garlic, minced |
| ¼ tsp / 1mL | salt |
| ¼ tsp / 1mL | black pepper |
| ¼ tsp / 1mL | ground cumin |

Directions

1. In a medium-sized bowl, mix beans, green onions, corn, avocado and cilantro together.
2. In a small bowl, combine oil, lime juice, garlic, salt, pepper and cumin. Add to salad mixture, mix well.

Makes 6 servings

Nutrition Information

Per serving: 190 calories, 10 g fat, 1.5 g saturated fat, 0 g trans fat, 0 mg cholesterol, 230 mg sodium, 22 g carbohydrate, 9 g fibre, 1 g sugar, 7 g protein, 2% DV vitamin A, 15% DV vitamin C, 4% DV calcium, 10% DV iron.



Peppermint Chocolate Cookies

By Sarah Racey

Ingredients

1 cup of softened butter
1 1/2 cups of all purpose flour
2/3 cup of cocoa
1/4 tsp of salt
1/4 tsp of baking powder
1/4 tsp of baking soda
1/2 cup of sugar
1/2 cup of brown sugar
2 eggs
1 tsp mint extract
28 peppermint kisses

Directions

1. Cream butter and both sugars with mixer. Add eggs one at a time until well incorporated. Add mint extract.
2. In a separate bowl combine flour, cocoa, salt, baking powder, and baking soda. While blending add 1/2 cup of dry mixture to butter mixture until well mixed. Remove bowl from mixer and refrigerate for 2 hours.
3. Preheat oven to 350 degrees Fahrenheit.
4. Grease hands with butter or cooking spray and roll dough into 1 inch balls. Place on cookie sheet covered with parchment paper.
5. Bake for 10 minutes. Allow to cool for 1-2 minutes. Press one peppermint kiss into the top of each cookie. Move to cooling rack being careful not to touch the melted kiss.

Suggestion

The baker could also melt the peppermint kisses and drizzle the melted chocolate over the cooled cookies.



Breakfast On The Go Cookies

By Melissa Gibson

Ingredients

- 1 cup brown sugar 250 mL
- ¼ cup 7-grain hot cereal 60 mL
- 1 cup rolled oats 250 mL
- 1 cup all-purpose flour 250 mL
- 1 cup whole wheat flour 250 mL
- ½ Tbsp baking soda 7 mL
- ½ tsp baking powder 2 mL
- ½ tsp salt 2 mL
- 1 tsp allspice 5 mL
- ¼ cup canola oil 60 mL
- ¼ cup applesauce 60 mL
- 3 egg whites
- 1 tsp vanilla extract 5 mL
- ¼ cup sunflower seeds 60 mL
- 1/3 cup chopped dried cherries 75 mL

Instructions

1. Preheat oven to 350 °F (175 °C). Line cookie sheets with parchment paper.
2. In large bowl, stir together sugar, oats, cereal, flour, baking soda, baking powder, salt and allspice.
3. Make well in centre and pour in canola oil, applesauce, egg whites and vanilla. Mix until well blended. Stir in sunflower seeds and cherries. Roll cookies into golf ball-size balls. Place cookies 2 inches (5 cm) apart onto prepared cookie sheets and flatten to 1/2-inch (1.3-cm) thickness with wet hands.
4. In preheated oven, bake 8 minutes for chewy cookies. Remove from cookie sheets to cool on wire racks. They store well in freezer.

"While working in my clinical placement I became aware of the effect of Diabetes in our community. To better understand Diabetes and diet considerations, I tried different recipes from Diabetes Canada. The Breakfast on the go Cookies were a top choice for me because as a busy student, being able to take something on the go is ideal."

Makes 24 servings
Serving Size: 1 cookie



Nutritional Information

Per Serving

| | |
|---------------|--------|
| Calories | 150 |
| Total Fat | 3.5 g |
| Saturated Fat | 0 g |
| Cholesterol | 0 mg |
| Sodium | 210 mg |
| Carbohydrates | 27 g |
| Fibre | 2 g |
| Protein | 7 g |

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